



Tolland Public Schools

51 Tolland Green, Tolland,
Connecticut 06084

Tolland High School

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PROCEDURE FOR REQUESTING MEDICATION ADMINISTRATION

If your child requires a **prescription or over-the-counter medication during the school day**, you must follow the guidelines required by Connecticut General Statutes, Sec.10-212a and Connecticut Administrative Regulations, Sec.10-212a-1 through 10-212a-10. These procedures promote safe practices for students and staff. Please read them carefully.

1. For each medication that must be administered daily or on an as-needed basis, the parent must obtain the written order of an authorization prescriber (physician, dentist, advanced practice registered nurse, ophthalmologist or physician assistant) using the Authorization for Administration of Medicine by School Personnel (see over). **A new order is required each year.**

2. The authorized prescriber must fill in the information requested on the form:
 1. Student name
 2. Name and generic name of medication
 3. Dosage of medication
 4. Route, time, frequency of administration
 5. Indication for medication
 6. Any potential side effects including overdose or missed dose of medication
 7. Start and termination dates not to exceed 12 month period
 8. Written signature of prescriber.

3. A parent or guardian must sign the "Parent/Guardian Authorization" portion of the form.
4. The medication must be packaged in the **ORIGINAL PHARMACY CONTAINER**, clearly labeled with the student's name, the authorized prescriber's name, and the prescription.
5. The medication and completed authorization form must be **delivered to the school nurse by a responsible adult.**
6. No more than a **3 month supply** may be stored at the school.
7. At the end of the school year, medications not picked up by parents or guardians will be destroyed per Sec 10-212a-5-14i.

Thank you for your cooperation. Please contact the school nurse at your school if you have any questions.