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## **Request for Medication Authorization Form**

Connecticut law mandates that schools, camps, daycares, and other organizations that care for children must have formal authorization to administer medications to children. This requirement applies to both prescription and nonprescription (over-the-counter or OTC) drugs. The form that Connecticut uses for this purpose requires signatures from (1) a physician or nurse practitioner, (2) a parent or guardian, and (3) the nurse at the school or other organization. Additional signed permission is needed for a child to self-administer medication or to carry medication on their person.

We provide medication authorization forms for medications we have prescribed and for over-the-counter medications. In general, the doctor or practice that prescribed the medication should be the one supplying the authorization form for it. So, if your specialist doctor has prescribed a medication, please call them first.

If you would like us to complete a medication authorization for your child, you can fill out the request form on the opposite side of this page. Please fill out the form in its entirety; we really do need all those details for the authorization to be valid. If you need help with the request, please call the office. We will be happy to assist you.

### **Notes**

- We require 5 business days for your forms to be completed.
- Our physicians have the right to decide whether to authorize medications and to decide the dose to be given. Please note that for short trips or stays at camp, many supplements and OTC medications are not needed.
- We do not charge a fee for authorizations for medications we have prescribed or for acetaminophen (Tylenol), ibuprofen (Motrin), and diphenhydramine (Benadryl). *For other medications we charge a flat fee of \$15 per patient.*
- Because of privacy laws (HIPAA), we cannot fax your completed medication authorization. Therefore, we ask that completed forms be picked up at the Essex office or mailed to the patient's home.



## Request for Medication Authorization Form

Date Requested \_\_\_\_\_  Mail to Home Address  Pick up from Essex Office

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent phone # \_\_\_\_\_ Patient phone # \_\_\_\_\_

Trip  School  Camp Destination/School/Camp \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

**Directions:** List medications **prescribed by Wildwood Pediatrics** and over-the-counter medications, noting:

- Form: liquid, capsule, tablet, inhaler, etc.
- Strength: for example, milligrams in each tablet or milligrams per 5 mL of liquid
- Dose: how much liquid, how many tablets, or how many inhalations at a time
- Route: how the medication is taken, for example oral or inhaled
- Time(s) to be given
- Whether the medication is a prescription (Rx) or over the counter (OTC)
- If it is self-administered (*Yes*: kept and administered by the child, *No*: kept and administered by the nurse or other adult)

Medication Name	Form	Strength	Dose	Route	Time(s) to be Given	Rx or OTC?	Self Administer?
_____	_____	_____	_____	_____	_____	Rx / OTC	Yes / No
_____	_____	_____	_____	_____	_____	Rx / OTC	Yes / No
_____	_____	_____	_____	_____	_____	Rx / OTC	Yes / No
_____	_____	_____	_____	_____	_____	Rx / OTC	Yes / No
_____	_____	_____	_____	_____	_____	Rx / OTC	Yes / No
_____	_____	_____	_____	_____	_____	Rx / OTC	Yes / No

*Note to Parents: The physician will have the choice whether to authorize any given medication. In some cases, it may be necessary to schedule an appointment to discuss the medication(s) in question. The school nurse has the final say on whether a student will be permitted to carry medication. Additionally, all medications need to be in pharmacy labeled containers. Failure to adhere to this rule can lead to very serious legal problems.*

**Please allow 5 business days for form completion.**