

ST. VINCENT'S SPECIAL NEEDS SERVICES  
95 Merritt Boulevard, Trumbull, CT 06611  
(203) 386-2748 fax (203) 380-1308

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES/TUBE FEEDINGS**

NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

**PHYSICIAN'S ORDER FOR MEDICATIONS**

Name of Drug(s)	Dosage	Time(s) Administered	Route

**PHYSICIAN'S ORDER FOR TUBE FEEDINGS (To be administered by RN/LPN)**

Name of supplement	Amount	Rate	Route	Time administered	Water flush

Length of time during which medication shall be administered: **From:** Today **To:** 08/30/2025

**Note: Please indicate if any additional hydration is recommended in instances of warm weather or high humidity when a student is engaged in outdoor activities.**

No \_\_\_\_\_ Yes \_\_\_\_\_ Please indicate amount of water: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

➡ PHYSICIAN'S SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:**

I hereby request that the above medication/tube feedings be administered by school personnel. I understand that I must supply the school with the prescribed medication/supplement in the original container dispensed and properly labeled by a physician or pharmacist, and I will provide no more than a 45 school day supply of said medication/supplement. I am aware that the medication/supplement will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

➡ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

The Connecticut State Law and Regulations 10-121(a) require a written order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medications.

**\*\*\*Medications must be in pharmacy prepared containers and labeled with the name of the child, drug (strength, dosage, and frequency), physician's name and date of original prescription.  
All over-the-counter medications must be in a new, unopened container.**