

Connecticut Department of Children and Families
WILDERNESS SCHOOL – PRESCRIPTION MEDICATION AUTHORIZATION (PEDIATRIC)

DCF-2304
 1/18 (Rev.)



In Connecticut, Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and OEC Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written permission and the medication(s) before any medications may be administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription, if applicable. Medications must be delivered to the Wilderness School ninety-six (96) hours prior to the course start.

Student LAST Name:	Student FIRST Name:	DOB:	Address (No. and Street):	City:	State:	Zip:
Parent/Guardian LAST Name:	Parent/Guardian FIRST Name:	Relationship:	Address (No. and Street, if different from above):	City:	State:	Zip:

To the parent/guardian:
 I give permission that the medications ordered by my child/youth's physician below be administered to my child/youth as described and directed below, including those medications designated for self-administration.

Parent/Guardian Signature	Date
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Name of Prescribing Physician/APRN/PA:	Phone:	Address (No. and Street):	City:	State:	Zip:
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Please complete chart below, in detail, for each prescribed medication and sign for each medication ordered:

Medication	Dosage & Frequency	Times of Administration	Route	Specific Instructions	Side effects and plan for management	Allergies, reactions / interactions with food / drugs	Controlled Medication?	Self-Administered ?	Date of Order (Start / stop if applicable)	Prescriber's Signature
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		