

**Administration of Student Medications  
In the Schools**

A. Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a physician, dentist, optometrist, advanced practice registered nurse or physician assistant, and, for interscholastic and intramural athletic events only, a podiatrist.

Before or After School Program means any child care program operated and administered by a local or regional board of education exempt from licensure by the Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes. Such programs do not include public or private entities licensed by the Office of Early Childhood or board of education enhancement programs and extra-curricular activities.

Cartridge Injector means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Coach means any person holding a coaching permit who is hired by a local or regional board of education to coach for a sport season.

Controlled drugs means those drugs as defined in Conn. Gen. Stat. Section 21a-240.

Cumulative health record means the cumulative health record of a pupil mandated by Conn. Gen. Stat. Section 10-206.

Director means the person responsible for the day-to-day operations of any school readiness program or before-and-after school program.

Eligible student means a student who has reached the age of eighteen or is an emancipated minor.

Error means:

(1) the failure to do any of the following as ordered:

(a) administer a medication to a student;

- 47 (b) administer medication within the time designated by the prescribing physician;  
48 (c) administer the specific medication prescribed for a student;  
49 (d) administer the correct dosage of medication;  
50 (e) administer medication by the proper route;  
51 (f) administer the medication according to generally accepted standards of practice;  
52 or  
53  
54 (2) the administration of medication to a student which is not ordered, or which is  
55 not authorized in writing by the parent or guardian of such student, except for  
56 the administration of epinephrine or naloxone for the purpose of emergency first  
57 aid as set forth in Sections D and E below.  
58

59 Guardian means one who has the authority and obligations of guardianship of the  
60 person of a minor, and includes: (1) the obligation of care and control; and (2) the  
61 authority to make major decisions affecting the minor's welfare, including, but not  
62 limited to, consent determinations regarding marriage, enlistment in the armed forces  
63 and major medical, psychiatric or surgical treatment.  
64

65 Intramural athletic events means tryouts, competition, practice, drills, and  
66 transportation to and from events that are within the bounds of a school district for the  
67 purpose of providing an opportunity for students to participate in physical activities  
68 and athletic contests that extend beyond the scope of the physical education program.  
69

70 Interscholastic athletic events means events between or among schools for the  
71 purpose of providing an opportunity for students to participate in competitive contests  
72 that are highly organized and extend beyond the scope of intramural programs and  
73 includes tryouts, competition, practice, drills and transportation to and from such  
74 events.  
75

76 Investigational drug means any medication with an approved investigational new drug  
77 (IND) application on file with the Food and Drug Administration (FDA), which is  
78 being scientifically tested and clinically evaluated to determine its efficacy, safety and  
79 side effects and which has not yet received FDA approval.  
80

81 Licensed athletic trainer means a licensed athletic trainer employed by the school  
82 district pursuant to Chapter 375a of the Connecticut General Statutes.  
83

84 Medication means any medicinal preparation, both prescription and non-prescription,  
85 including controlled drugs, as defined in Conn. Gen. Stat. Section 21a-240. This  
86 definition includes Aspirin, Ibuprofen or Aspirin substitutes containing  
87 Acetaminophen.  
88

89 Medication Emergency means a life-threatening reaction of a student to a medication.  
90

91 Medication plan means a documented plan established by the school nurse in  
92 conjunction with the parent and student regarding the administration of medication in

93 school. Such plan may be a stand-alone plan, part of an individualized health care  
94 plan, an emergency care plan or a medication administration form.

95  
96 Medication order means the authorization by an authorized prescriber for the  
97 administration of medication to a student which shall include the name of the student,  
98 the name and generic name of the medication, the dosage of the medication, the route  
99 of administration, the time of administration, the frequency of administration, the  
100 indications for medication, any potential side effects including overdose or missed  
101 dose of the medication, the start and termination dates not to exceed a 12-month  
102 period, and the written signature of the prescriber.

103  
104 Nurse means an advanced practice registered nurse, a registered nurse or a practical  
105 nurse licensed in Connecticut in accordance with Chapter 378, Conn. Gen. Stat.

106  
107 Occupational Therapist means an occupational therapist employed full time by the  
108 local or regional board of education and licensed in Connecticut pursuant to Chapter  
109 376a of the Connecticut General Statutes.

110  
111 Optometrist means an optometrist licensed to provide optometry pursuant to Chapter  
112 380 of the Connecticut General Statutes.

113  
114 Paraprofessional means a health care aide or assistant or an instructional aide or  
115 assistant employed by the local or regional board of education who meets the  
116 requirements of such board of employment as a health care aide or assistant or  
117 instructional aide or assistant.

118  
119 Physical therapist means a physical therapist employed full time by the local or  
120 regional board of education and licensed in Connecticut pursuant to Chapter 376 of  
121 the Connecticut General Statutes.

122  
123 Physician means a doctor of medicine or osteopathy licensed to practice medicine in  
124 Connecticut pursuant to Chapter 370 of the Connecticut General Statutes, or licensed  
125 to practice medicine in another state.

126  
127 Podiatrist means an individual licensed to practice podiatry in Connecticut pursuant to  
128 Chapter 375 of the Connecticut General Statutes.

129  
130 Principal means the administrator in the school.

131  
132 Research or study medications means FDA-approved medications being administered  
133 according to an approved study protocol. A copy of the study protocol shall be  
134 provided to the school nurse along with the name of the medication to be  
135 administered and the acceptable range of dose of such medication to be administered.

136  
137 School means any educational facility or program which is under the jurisdiction of  
138 the Board excluding extracurricular activities.

139

140 School nurse means a nurse appointed in accordance with Conn. Gen. Stat. Section  
141 10-212.

142  
143 School nurse supervisor means the nurse designated by the local or regional board of  
144 education as the supervisor or, if no designation has been made by the board, the lead  
145 or coordinating nurse assigned by the board.

146  
147 School readiness program means a program that receives funds from the State  
148 Department of Education for a school readiness program pursuant to subsection (b) of  
149 Section 10-16p of the Connecticut General Statutes and exempt from licensure by the  
150 Office of Early Childhood pursuant to subdivision (1) of subsection (b) of Section  
151 19a-77 of the Connecticut General Statutes.

152  
153 Self-administration of medication means the control of the medication by the student  
154 at all times and is self-managed by the student according to the individual medication  
155 plan.

156  
157 Teacher means a person employed full time by the Board who has met the minimum  
158 standards as established by the Board for performance as a teacher and has been  
159 approved by the school medical advisor and school nurse to be designated to  
160 administer medications pursuant to the Regulations of Connecticut State Agencies  
161 Sections 10-212a-1 through 10-212a-7.

162  
163 B. General Policies on Administration of Medications

164  
165 (1) Except as provided below in Section D, no medication, including non-  
166 prescription drugs, may be administered by any school personnel without:

- 167  
168 (a) the written medication order of an authorized prescriber;  
169 (b) the written authorization of the student's parent  
170 or guardian or eligible student; and  
171 (c) the written permission of a parent for the exchange of information between  
172 the prescriber and the school nurse necessary to ensure safe administration  
173 of such medication.

174  
175 (2) Prescribed medications shall be administered to and taken by only the person for  
176 whom the prescription has been written.

177  
178 (3) Except as provided in Section D, medications may be administered only by a  
179 licensed nurse or, in the absence of a licensed nurse, by:

- 180  
181 (a) a full-time principal, a full-time teacher, or a full-time licensed physical or  
182 occupational therapist employed by the school district. A full-time  
183 principal, teacher, licensed physical or occupational therapist employed by  
184 the school district may administer oral, topical, intranasal or inhalant  
185 medications. Such individuals may administer injectable medications only

- 186 to a student with a medically diagnosed allergic condition that may require  
187 prompt treatment to protect the student against serious harm or death.  
188
- 189 (b) students with chronic medical conditions who are able to possess, self-  
190 administer, or possess and self-administer medication, provided all of the  
191 following conditions are met:
- 192
- 193 (i) an authorized prescriber provides a written medication order,  
194 including the recommendation for possession, self-administration, or  
195 possession and self-administration;
- 196
- 197 (ii) there is a written authorization for possession, self-administration, or  
198 possession and self-administration from the student's parent or  
199 guardian or eligible student;
- 200
- 201 (iii) the school nurse has developed a plan for possession, self-  
202 administration, or possession and self-administration, and general  
203 supervision, and has documented the plan in the student's cumulative  
204 health record;
- 205
- 206 (iv) the school nurse has assessed the student's competency for self-  
207 administration and deemed it safe and appropriate, including that the  
208 student: is capable of identifying and selecting the appropriate  
209 medication by size, color, amount or other label identification;  
210 knows the frequency and time of day for which the medication is  
211 ordered; can identify the presenting symptoms that require  
212 medication; administers the medication appropriately; maintains safe  
213 control of the medication at all times; seeks adult supervision  
214 whenever warranted; and cooperates with the established medication  
215 plan;
- 216
- 217 (v) the principal, appropriate teachers, coaches and other appropriate  
218 school personnel are informed the student is possessing, self-  
219 administering, or possessing and self-administering prescribed  
220 medication;
- 221
- 222 (vi) such medication is transported to school and maintained under the  
223 student's control in accordance with this policy; and
- 224
- 225 (vii) controlled drugs, as defined in this policy, may not be possessed or  
226 self-administered by students, except in extraordinary situations,  
227 such as international field trips, with approval of the school nurse  
228 supervisor and the school medical advisor in advance and  
229 development of an appropriate plan.
- 230
- 231 (c) a student diagnosed with asthma who is able to self-administer medication  
232 shall be permitted to retain possession of an asthmatic inhaler at all times

233 while attending school, in order to provide for prompt treatment to protect  
234 such child against serious harm or death, provided all of the following  
235 conditions are met:

- 236
- 237 (i) an authorized prescriber provides a written order requiring the  
238 possession of an inhaler by the student at all times in order to provide  
239 for prompt treatment in order to protect the child against serious  
240 harm or death and authorizing the student's self-administration of  
241 medication, and such written order is provided to the school nurse;  
242
- 243 (ii) there is a written authorization from the student's parent or guardian  
244 regarding the possession of an inhaler by the student at all times in  
245 order to protect the child against serious harm or death and  
246 authorizing the student's self-administration of medication, and such  
247 written authorization is provided to the school nurse;  
248
- 249 (iii) the conditions set forth in subsection (b) above have been met,  
250 except that the school nurse's review of a student's competency to  
251 self-administer an inhaler for asthma in the school setting shall not  
252 be used to prevent a student from retaining and self-administering an  
253 inhaler for asthma. Students may self-administer medication with  
254 only the written authorization of an authorized prescriber and written  
255 authorization from the student's parent or guardian or eligible  
256 student; and  
257
- 258 (iv) the conditions for self-administration meet any regulations as may be  
259 imposed by the State Board of Education in consultation with the  
260 Commissioner of Public Health.
- 261
- 262 (d) a student diagnosed with an allergic condition who is able to self-  
263 administer medication shall be permitted to retain possession of a cartridge  
264 injector at all times while attending school, in order to provide for prompt  
265 treatment to protect such child against serious harm or death, provided all  
266 of the following conditions are met:
- 267
- 268 (i) an authorized prescriber provides a written order requiring the  
269 possession of a cartridge injector by the student at all times in order  
270 to provide for prompt treatment in order to protect the child against  
271 serious harm or death and authorizing the student's possession, self-  
272 administration, or possession and self-administration of medication,  
273 and such written order is provided to the school nurse;  
274
- 275 (ii) there is a written authorization from the student's parent or guardian  
276 regarding the possession of a cartridge injector by the student at all  
277 times in order to protect the child against serious harm or death and  
278 authorizing the student's possession, self-administration, or

- 279 possession and self-administration of medication, and such written  
280 authorization is provided to the school nurse;
- 281
- 282 (iii) the conditions set forth in subsection (b) above have been met,  
283 except that the school nurse’s review of a student’s competency to  
284 self-administer cartridge injectors for medically-diagnosed allergies  
285 in the school setting shall not be used to prevent a student from  
286 retaining and self-administering a cartridge injector for medically-  
287 diagnosed allergies. Students may self-administer medication with  
288 only the written authorization of an authorized prescriber and written  
289 authorization from the student’s parent or guardian or eligible  
290 student; and
- 291
- 292 (iv) the conditions for self-administration meet any regulations as may be  
293 imposed by the State Board of Education in consultation with the  
294 Commissioner of Public Health.
- 295
- 296 (e) a student with a medically diagnosed life-threatening allergic condition  
297 may possess, self-administer, or possess and self-administer medication,  
298 including but not limited to medication administered with a cartridge  
299 injector, to protect the student against serious harm or death, provided the  
300 following conditions are met:
- 301
- 302 (i) the parent or guardian of the student has provided written  
303 authorization for the student to possess, self-administer, or possess  
304 and self-administer such medication; and
- 305
- 306 (ii) a qualified medical professional has provided a written order for the  
307 possession, self-administration, or possession and self-  
308 administration.
- 309
- 310 (f) a coach of intramural or interscholastic athletic events or licensed athletic  
311 trainer who has been trained in the administration of medication, during  
312 intramural or interscholastic athletic events, may administer inhalant  
313 medications prescribed to treat respiratory conditions and/or medication  
314 administered with a cartridge injector for students with medically  
315 diagnosed allergic conditions which may require prompt treatment to  
316 protect the student against serious harm or death, provided all of the  
317 following conditions are met:
- 318
- 319 (i) the school nurse has determined that a self-administration plan is not  
320 viable;
- 321
- 322 (ii) the school nurse has provided to the coach a copy of the authorized  
323 prescriber’s order and parental permission form;
- 324

- 325 (iii) the parent/guardian has provided the coach or licensed athletic  
326 trainer with the medication in accordance with Section K of this  
327 policy, and such medication is separate from the medication stored in  
328 the school health office for use during the school day; and  
329
- 330 (iv) the coach or licensed athletic trainer agrees to the administration of  
331 emergency medication and implements the emergency care plan,  
332 identified in Section H of this policy, when appropriate.  
333
- 334 (g) an identified school paraprofessional who has been trained in the  
335 administration of medication, provided medication is administered only to  
336 a specific student in order to protect that student from harm or death due to  
337 a medically diagnosed allergic condition, except as provided in Section D  
338 below, and the following additional conditions are met:  
339
- 340 (i) there is written authorization from the student's parents/guardian to  
341 administer the medication in school;  
342
- 343 (ii) medication is administered pursuant to the written order of (A) a  
344 physician licensed under chapter 370 of the Connecticut General  
345 Statutes, (B) an optometrist licensed to practice optometry under  
346 chapter 380 of the Connecticut General Statutes, (C) an advanced  
347 practice registered nurse licensed to prescribe in accordance with  
348 section 20-94a of the Connecticut General Statutes, or (D) a  
349 physician assistant licensed to prescribe in accordance with section  
350 20-12d of the Connecticut General Statutes;  
351
- 352 (iii) medication is administered only with approval by the school nurse  
353 and school medical advisor, if any, in conjunction with the school  
354 nurse supervisor and under the supervision of the school nurse;  
355
- 356 (iv) the medication to be administered is limited to medications necessary  
357 for prompt treatment of an allergic reaction, including, but not  
358 limited to, a cartridge injector; and  
359
- 360 (v) the paraprofessional shall have received proper training and  
361 supervision from the school nurse in accordance with this policy and  
362 state regulations.  
363
- 364 (h) a principal, teacher, licensed athletic trainer, licensed physical or  
365 occupational therapist employed by the Board, coach or school  
366 paraprofessional, provided medication is antiepileptic medication,  
367 including by rectal syringe, administered only to a specific student with a  
368 medically diagnosed epileptic condition that requires prompt treatment in  
369 accordance with the student's individual seizure action plan, and the  
370 following additional conditions are met:  
371



- 372 (i) there is written authorization from the student’s parents/guardians to  
373 administer the medication;  
374
- 375 (ii) a written order for such administration has been received from the  
376 student’s physician licensed under Chapter 370 of the Connecticut  
377 General Statutes;  
378
- 379 (iii) the principal, teacher, licensed athletic trainer, licensed physical or  
380 occupational therapist employed by the Board, coach or school  
381 paraprofessional is selected by the school nurse and school medical  
382 advisor, if any, and voluntarily agrees to administer the medication;  
383
- 384 (iv) the principal, teacher, licensed athletic trainer, licensed physical or  
385 occupational therapist employed by the Board, coach or school  
386 paraprofessional annually completes the training program established  
387 by the Connecticut State Department of Education and the  
388 Association of School Nurses of Connecticut, and the school nurse  
389 and medical advisor, if any, have attested, in writing, that such  
390 training has been completed; and  
391
- 392 (v) the principal, teacher, licensed athletic trainer, licensed physical or  
393 occupational therapist employed by the Board, coach or school  
394 paraprofessional receives monthly reviews by the school nurse to  
395 confirm competency to administer antiepileptic medication.  
396
- 397 (i) a director of a school readiness program or a before or after school  
398 program, or the director’s designee, provided that the medication is  
399 administered:  
400
  - 401 (i) only to a child enrolled in such program; and
  - 402
  - 403 (ii) in accordance with Section L of this policy.  
404
- 405 (j) a licensed practical nurse, after the school nurse has established the  
406 medication plan, provided that the licensed practical nurse may not train or  
407 delegate the administration of medication to another individual, and  
408 provided that the licensed practical nurse can demonstrate one of the  
409 following:  
410
  - 411 (i) training in administration of medications as part of their basic  
412 nursing program;  
413
  - 414 (ii) successful completion of a pharmacology course and subsequent  
415 supervised experience; or  
416
  - 417 (iii) supervised experience in the administration of medication while  
418 employed in a health care facility.

- 419  
420 (4) Medications may also be administered by a parent or guardian to his/her  
421 own child on school grounds.  
422  
423 (5) Investigational drugs or research or study medications may be  
424 administered only by a licensed nurse. For FDA-approved medications  
425 being administered according to a study protocol, a copy of the study  
426 protocol shall be provided to the school nurse along with the name of the  
427 medication to be administered and the acceptable range of dose of such  
428 medication to be administered.  
429

430 C. Diabetic Students

- 431  
432 (1) The Madison Board of Education (the “Board”) permits blood glucose testing by  
433 students who have a written order from a physician or an advanced practice  
434 registered nurse stating the need and capability of such student to conduct self-  
435 testing.  
436  
437 (2) The Board will not restrict the time or location of blood glucose testing by a  
438 student with diabetes on school grounds who has written authorization from a  
439 parent or guardian and a written order from a physician or an advanced practice  
440 registered nurse stating that such child is capable of conducting self-testing on  
441 school grounds.  
442  
443 (3) In the absence or unavailability of the school nurse, select school employees  
444 may administer medication with injectable equipment used to administer  
445 glucagon to a student with diabetes that may require prompt treatment in order  
446 to protect the student against serious harm or death, under the following  
447 conditions:  
448  
449 (a) The student’s parent or guardian has provided written authorization;  
450  
451 (b) A written order for such administration has been received from the  
452 student’s physician licensed under Chapter 370 of the Connecticut General  
453 Statutes;  
454  
455 (c) The school employee is selected by either the school nurse or principal and  
456 is a principal, teacher, licensed athletic trainer, licensed physical or  
457 occupational therapist employed by a school district, coach or school  
458 paraprofessional;  
459  
460 (d) The school nurse shall provide general supervision to the selected school  
461 employee;  
462  
463 (e) The selected school employee annually completes any training required by  
464 the school nurse and school medical advisor in the administration of  
465 medication with injectable equipment used to administer glucagon;

- 466
- 467 (f) The school nurse and school medical advisor have attested in writing that
- 468 the selected school employee completed the required training; and
- 469
- 470 (g) The selected school employee voluntarily agrees to serve as one who may
- 471 administer medication with injectable equipment used to administer
- 472 glucagon to a student with diabetes that may require prompt treatment in
- 473 order to protect the student against serious harm or death.
- 474
- 475 D. Epinephrine for Purposes of Emergency First Aid Without Prior Authorization
- 476
- 477 (1) For purposes of this Section D, “regular school hours” means the posted hours
- 478 during which students are required to be in attendance at the individual school
- 479 on any given day.
- 480
- 481 (2) The school nurse shall maintain epinephrine in cartridge injectors for the
- 482 purpose of emergency first aid to students who experience allergic reactions and
- 483 do not have prior written authorization of a parent or guardian or a prior written
- 484 order of a qualified medical professional for the administration of epinephrine.
- 485
- 486 (a) The school nurse, in consultation with the school nurse supervisor, shall
- 487 determine the supply of epinephrine in cartridge injectors that shall be
- 488 available in the individual school.
- 489
- 490 (b) In determining the appropriate supply of epinephrine in cartridge injectors,
- 491 the nurse may consider, among other things, the number of students
- 492 regularly in the school building during the regular school day and the size
- 493 of the physical building.
- 494
- 495 (3) The school nurse or school principal shall select principal(s), teacher(s),
- 496 licensed athletic trainer(s), licensed physical or occupational therapist(s)
- 497 employed by the Board, coach(es) and/or school paraprofessional(s) to maintain
- 498 and administer the epinephrine in cartridge injectors for the purpose of
- 499 emergency first aid as described in Paragraph (2) above, in the absence of the
- 500 school nurse.
- 501
- 502 (a) More than one individual must be selected by the school nurse or school
- 503 principal for such maintenance and administration in the absence of the
- 504 school nurse.
- 505
- 506 (b) The selected personnel, before conducting such administration, must
- 507 annually complete the training made available by the Department of
- 508 Education for the administration of epinephrine in cartridge injectors for
- 509 the purpose of emergency first aid.
- 510

- 511 (c) The selected personnel must voluntarily agree to complete the training and  
512 administer epinephrine in cartridge injectors for the purpose of emergency  
513 first aid.  
514
- 515 (4) Either the school nurse or, in the absence of the school nurse, at least one of the  
516 selected and trained personnel as described in Paragraph (3) above shall be on  
517 the grounds of each school during regular school hours.  
518
- 519 (a) The school principal, in consultation with the school nurse supervisor,  
520 shall determine the level of nursing services and number of selected and  
521 trained personnel necessary to ensure that a nurse or selected and trained  
522 personnel is present on the grounds of each school during regular school  
523 hours.  
524
- 525 (b) If the school nurse, or a substitute school nurse, is absent or must leave  
526 school grounds during regular school hours, the school nurse, school  
527 administrator or designee shall send an email to all staff indicating that the  
528 selected and trained personnel identified in Paragraph (3) above shall be  
529 responsible for the emergency administration of epinephrine.  
530
- 531 (5) The administration of epinephrine pursuant to this section must be done in  
532 accordance with this policy, including but not limited to the requirements for  
533 documentation and record keeping, errors in medication, emergency medical  
534 procedures, and the handling, storage and disposal of medication, and the  
535 Regulations adopted by the Department of Education.  
536
- 537 (6) The parent or guardian of any student may submit, in writing, to the school  
538 nurse or school medical advisor, if any, that epinephrine shall not be  
539 administered to such student pursuant to this section.  
540
- 541 (a) The school nurse shall notify selected and trained personnel of the students  
542 whose parents or guardians have refused emergency administration of  
543 epinephrine.  
544
- 545 (b) The Board shall annually notify parents or guardians of the need to provide  
546 such written notice.  
547
- 548 (7) Following the emergency administration of epinephrine by selected and trained  
549 personnel as identified in this section:  
550
- 551 (a) Such emergency administration shall be reported immediately to:  
552
- 553 (i) The school nurse or school medical advisor, if any, by the personnel  
554 who administered the epinephrine; and  
555
- 556 (ii) The student's parent or guardian, by the school nurse or personnel  
557 who administered the epinephrine.

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- (b) A medication administration record shall be:
  - (i) Submitted to the school nurse by the personnel who administered the epinephrine as soon as possible, but no later than the next school day; and
  - (ii) filed in or summarized on the student’s cumulative health record, in accordance with Section E of this policy.

*[Optional insert for boards of education wishing to make Naloxone (“Narcan”) available in its schools. Naloxone is a controlled medication that is used as an emergency first aid measure in the event of an opioid overdose. Boards of education are not required to make Naloxone available in its schools. We encourage boards of education considering inclusion of this optional language to consult with legal counsel, so that the relevant legal considerations may be discussed.]*

*If a board of education chooses not to include Section E, all references to Sections E-M should be revised accordingly.]*

E. Naloxone for Purposes of Emergency First Aid

- (1) Pursuant to a standing order of the Board’s medical advisor and authorization from the Superintendent of Schools, and in accordance with Connecticut law and this policy, a school nurse may maintain naloxone, for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose.
  - (a) The school nurse, in consultation with the Board’s medical advisor, shall determine the supply of naloxone that shall be maintained in the individual school.
  - (b) The school nurse shall be responsible for the safe storage of naloxone maintained in a school and shall ensure any supply of naloxone maintained is stored in accordance with the manufacturer’s instructions.
  - (c) The school nurse shall be responsible for maintaining an inventory of naloxone maintained in the school, tracking the date(s) of expiration of the supply of naloxone maintained in a school, and, as appropriate, refreshing the supply of naloxone maintained in the school.
- (2) The school nurse, in consultation with the Superintendent and the building principal, shall provide notice to parents and guardians of the Board’s policies and procedures regarding the emergency administration of naloxone in the event of a known or suspected opioid overdose.

- 604 (3) A school nurse shall be approved to administer naloxone for the purpose of  
605 emergency first aid, as described in Paragraph (1) above, in the event of a  
606 known or suspected opioid overdose, provided that such nurse has completed  
607 appropriate training, as identified by the Board’s medical advisor, which shall  
608 include training in the identification of opioid abuse and overdose.  
609
- 610 (4) The administration of naloxone pursuant to this section must be effected in  
611 accordance with this policy and procedures regarding the acquisition,  
612 maintenance, and administration established by the Superintendent in  
613 consultation with the Board’s medical advisor.  
614
- 615 (5) Following the emergency administration of naloxone by a school nurse:  
616
- 617 (a) Such emergency administration shall be reported immediately to:  
618
- 619 (i) The Board medical advisor; and  
620
- 621 (ii) The Superintendent; and  
622
- 623 (iii) The student’s parent or guardian.  
624
- 625 (b) A medication administration record shall be:  
626
- 627 (i) Maintained by the school nurse who administered the naloxone as soon  
628 as possible, but no later than the next school day; and  
629
- 630 (ii) filed in or summarized on the student’s cumulative health record, in  
631 accordance with Section F of this policy.  
632

633 F. Documentation and Record Keeping  
634

- 635 (1) Each school or before-and-after school program and school readiness program  
636 where medications are administered shall maintain an individual medication  
637 administration record for each student who receives medication during school or  
638 program hours. This record shall include the following information:  
639
- 640 (a) the name of the student;  
641 (b) the student’s state-assigned student identifier (SASID);  
642 (c) the name of the medication;  
643 (d) the dosage of the medication;  
644 (e) the route of the administration, (e.g., oral, topical, inhalant, etc.);  
645 (f) the frequency of administration;  
646 (g) the name of the authorized prescriber;  
647 (h) the dates for initiating and terminating the administration of  
648 medication, including extended-year programs;  
649 (i) the quantity received at school and verification by the adult delivering the  
650 medication of the quantity received;

- 651 (j) the date the medication is to be reordered (if any);
- 652 (k) any student allergies to food and/or medication(s);
- 653 (l) the date and time of each administration or omission, including the reason
- 654 for any omission;
- 655 (m) the dose or amount of each medication administered;
- 656 (n) the full written or electronic legal signature of the nurse or other
- 657 authorized school personnel administering the medication; and
- 658 (o) for controlled medications, a medication count which should be conducted
- 659 and documented at least once a week and co-signed by the assigned nurse
- 660 and a witness.
- 661
- 662 (2) All records are either to be made in ink and shall not be altered, or recorded
- 663 electronically in a record that cannot be altered.
- 664
- 665 (3) Written orders of authorized prescribers, written authorizations of parent or
- 666 guardian, the written parental permission for the exchange of information by the
- 667 prescriber and school nurse to ensure safe administration of such medication,
- 668 and the completed medication administration record for each student shall be
- 669 filed in the student's cumulative health record or, for before-and-after school
- 670 programs and school readiness programs, in the child's program record.
- 671
- 672 (4) Authorized prescribers may make verbal orders, including telephone orders, for
- 673 a change in medication order. Such verbal orders may be received only by a
- 674 school nurse and must be followed by a written order, which may be faxed, and
- 675 must be received within three (3) school days.
- 676
- 677 (5) Medication administration records will be made available to the Department of
- 678 Education for review until destroyed pursuant to Section 11-8a and Section 10-
- 679 212a(b) of the Connecticut General Statutes.
- 680
- 681 (a) The completed medication administration record for non-controlled
- 682 medications may, at the discretion of the school district, be destroyed in
- 683 accordance with Section M8 of the Connecticut Record Retention Schedules
- 684 for Municipalities, so long as it is superseded by a summary on the student
- 685 health record.
- 686
- 687 (b) The completed medication administration record for controlled medications
- 688 shall be maintained in the same manner as the non-controlled medications.
- 689 In addition, a separate medication administration record needs to be
- 690 maintained in the school for three (3) years pursuant to Section 10-212a(b)
- 691 of the Connecticut General Statutes.
- 692
- 693 (6) Documentation of any administration of medication by a coach or licensed
- 694 athletic trainer shall be completed on forms provided by the school and the
- 695 following procedures shall be followed:
- 696

- 697 (a) a medication administration record for each student shall be maintained in  
698 the athletic offices;
- 699
- 700 (b) administration of a cartridge injector medication shall be reported to the  
701 school nurse at the earliest possible time, but no later than the next school  
702 day;
- 703
- 704 (c) all instances of medication administration, except for the administration of  
705 cartridge injector medication, shall be reported to the school nurse at least  
706 monthly, or as frequently as required by the individual student plan; and  
707
- 708 (d) the administration of medication record must be submitted to the school  
709 nurse at the end of each sport season and filed in the student's cumulative  
710 health record.
- 711

712 G. Errors in Medication Administration

- 713
- 714 (1) Whenever any error in medication administration occurs, the following  
715 procedures shall apply:  
716
  - 717 (a) the person making the error in medication administration shall  
718 immediately implement the medication emergency procedures in this  
719 Policy if necessary;
  - 720
  - 721 (b) the person making the error in medication administration shall in all cases  
722 immediately notify the school nurse, principal, school nurse supervisor,  
723 and authorized prescriber. The person making the error, in conjunction  
724 with the principal, shall also immediately notify the parent or guardian,  
725 advising of the nature of the error and all steps taken or being taken to  
726 rectify the error, including contact with the authorized prescriber and/or  
727 any other medical action(s); and
  - 728
  - 729 (c) the principal shall notify the Superintendent or the Superintendent's  
730 designee.
  - 731
- 732 (2) The school nurse, along with the person making the error, shall complete a  
733 report using the authorized medication error report form. The report shall  
734 include any corrective action taken.
- 735
- 736 (3) Any error in the administration of medication shall be documented in the  
737 student's cumulative health record or, for before-and-after school programs and  
738 school readiness programs, in the child's program record.
- 739
- 740 (4) These same procedures shall apply to coaches and licensed athletic trainers  
741 during intramural and interscholastic events, except that if the school nurse is  
742 not available, a report must be submitted by the coach or licensed athletic trainer  
743 to the school nurse the next school day.



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H. Medication Emergency Procedures

- (1) Whenever a student has a life-threatening reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.
- (2) Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances:
  - (a) use of the 911 emergency response system;
  - (b) application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
  - (c) administration of emergency medication in accordance with this policy;
  - (d) contact with a poison control center; and
  - (e) transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.
- (3) As soon as possible, in light of the circumstances, the principal shall be notified of the medication emergency. The principal shall immediately thereafter contact the Superintendent or the Superintendent's designee, who shall thereafter notify the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

I. Supervision

- (1) The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned.
- (2) The school nurse's duty of general supervision includes, but is not limited to, the following:
  - (a) availability on a regularly scheduled basis to:
    - (i) review orders or changes in orders and communicate these to personnel designated to give medication for appropriate follow-up;
    - (ii) set up a plan and schedule to ensure medications are given properly;
    - (iii) provide training to licensed nursing personnel, full-time principals, full-time teachers, full-time licensed physical or occupational

- 791 therapists employed by the school district, coaches of intramural and  
792 interscholastic athletics, licensed athletic trainers and identified  
793 paraprofessionals designated in accordance with Section B(3)(g),  
794 above, which training shall pertain to the administration of  
795 medications to students, and assess the competency of these  
796 individuals to administer medication;
- 797
- 798 (iv) support and assist other licensed nursing personnel, full-time  
799 principals, full-time teachers, full-time licensed physical or  
800 occupational therapists employed by the school district, coaches of  
801 intramural and/or interscholastic athletics, licensed athletic trainers  
802 and identified paraprofessionals designated in accordance with  
803 Section B(3)(g), above, to prepare for and implement their  
804 responsibilities related to the administration of specific medications  
805 during school hours and during intramural and interscholastic  
806 athletics as provided by this policy;
- 807
- 808 (v) provide appropriate follow-up to ensure the administration of  
809 medication plan results in desired student outcomes, including  
810 providing proper notification to appropriate employees or contractors  
811 regarding the contents of such medical plans; and
- 812
- 813 (vi) provide consultation by telephone or other means of  
814 telecommunications, which consultation may be provided by an  
815 authorized prescriber or other nurse in the absence of the school  
816 nurse.
- 817
- 818 (b) In addition, the school nurse shall be responsible for:
- 819
- 820 (i) implementing policies and procedures regarding the receipt, storage,  
821 and administration of medications;
- 822
- 823 (ii) reviewing, on a periodic basis, all documentation pertaining to the  
824 administration of medications for students;
- 825
- 826 (iii) performing observations of the competency of medication  
827 administration by full-time principals, full-time teachers, full-time  
828 licensed physical or occupational therapists employed by the school  
829 district, coaches of intramural and/or interscholastic athletics and  
830 licensed athletic trainers in accordance with Section B(3)(f), above,  
831 and identified paraprofessionals designated in accordance with  
832 Section B(3)(g), above, who have been newly trained to administer  
833 medications; and,
- 834
- 835 (iv) conducting periodic reviews, as needed, with licensed nursing  
836 personnel, full-time principals, full-time teachers, full-time licensed  
837 physical or occupational therapists employed by the school district,

838 coaches of intramural and/or interscholastic athletics and licensed  
839 athletic trainers in accordance with Section B(3)(f), above, and  
840 identified paraprofessionals designated in accordance with Section  
841 B(3)(g), above, regarding the needs of any student receiving  
842 medication.  
843

844 J. Training of School Personnel  
845

846 (1) Full-time principals, full-time teachers, full-time licensed physical or  
847 occupational therapists employed by the school district, coaches of intramural  
848 and/or interscholastic athletics and licensed athletic trainers in accordance with  
849 Section B(3)(f), above, and identified paraprofessionals designated in  
850 accordance with Section B(3)(g), above, who are designated to administer  
851 medications shall at least annually receive training in their safe administration,  
852 and only trained full-time principals, full-time teachers, full-time licensed  
853 physical or occupational therapists employed by the school district, coaches of  
854 intramural and/or interscholastic athletics and licensed athletic trainers in  
855 accordance with Section B(3)(f), above, and identified paraprofessionals  
856 designated in accordance with Section B(3)(g), above, shall be allowed to  
857 administer medications.  
858

859 (2) Training for full-time principals, full-time teachers, full-time licensed physical  
860 or occupational therapists employed by the school district, coaches of intramural  
861 and/or interscholastic athletics and licensed athletic trainers in accordance with  
862 Section B(3)(f), above, and identified paraprofessionals designated in  
863 accordance with Section B(3)(g), above, shall include, but is not necessarily  
864 limited to, the following:  
865

- 866 (a) the general principles of safe administration of medication;
- 867
- 868 (b) the procedures for administration of medications, including the safe  
869 handling and storage of medications, and the required record-keeping; and  
870
- 871 (c) specific information related to each student's medication plan, including  
872 the name and generic name of the medication, indications for medication  
873 dosage, routes, time and frequency of administration, therapeutic effects of  
874 the medication, potential side effects, overdose or missed doses of the  
875 medication, and when to implement emergency interventions.  
876

877 (3) The principal(s), teacher(s), licensed athletic trainer(s), licensed physical or  
878 occupational therapist(s) employed by the Board, coach(es) and/or school  
879 paraprofessional(s) who administer epinephrine as emergency first aid, pursuant  
880 to Section D above, shall annually complete the training program developed by  
881 the Departments of Education and Public Health and training in  
882 cardiopulmonary resuscitation and first aid.  
883

- 884 (4) The Board shall maintain documentation of medication administration training  
885 as follows:  
886  
887 (a) dates of general and student-specific trainings;  
888  
889 (b) content of the trainings;  
890  
891 (c) individuals who have successfully completed general and student-specific  
892 administration of medication training for the current school year; and  
893  
894 (d) names and credentials of the nurse or school medical advisor, if any,  
895 trainer or trainers.  
896  
897 (5) Licensed practical nurses may not conduct training in the administration of  
898 medication to another individual.  
899  
900 (6) Bus Drivers  
901  
902 (a) Not later than June 30, 2019, the Board shall provide training to all of its  
903 school bus drivers, which training may be completed using an online  
904 module, on topics including, but not limited to, the following:  
905  
906 (i) the identification of the signs and symptoms of anaphylaxis;  
907  
908 (ii) the administration of epinephrine by a cartridge injector;  
909  
910 (iii) the notification of emergency personnel; and  
911  
912 (iv) the reporting of an incident involving a student and a life-threatening  
913 allergic reaction.  
914  
915 (b) On and after July 1, 2019, the Board shall provide the training described in  
916 subsections J(6)(a), above as follows:  
917  
918 (i) In the case of a school bus driver who is employed by the Board, such  
919 training shall be provided to such school bus driver following the  
920 issuance or renewal of a public passenger endorsement to operate a  
921 school bus pursuant to Conn. Gen. Stat. 14-44(a), to such school bus  
922 driver; and  
923  
924 (ii) In the case of a school bus driver who is not employed by the Board at  
925 the time when such endorsement is issued or renewed to such school  
926 bus driver, upon the hiring of such school bus driver by the Board,  
927 except the Board is not required to provide such training to any school  
928 bus driver who has previously received such training following the  
929 most recent issuance or renewal of such endorsement to such school  
930 bus driver.]

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K. Handling, Storage and Disposal of Medications

- (1) All medications, except those approved for transporting by students for self-medication, those administered by coaches of intramural or interscholastic athletics or licensed athletic trainers in accordance with Section B(3)(f) above, and epinephrine or naloxone to be used for emergency first aid in accordance with Sections D and E above, must be delivered by the parent, guardian, or other responsible adult to the nurse assigned to the student's school or, in the absence of such nurse, the school principal who has been trained in the appropriate administration of medication. Medications administered by coaches of intramural or interscholastic athletics or licensed athletic trainers must be delivered by the parent or guardian directly to the coach or licensed athletic trainer in accordance with Section B(3)(f) above.
- (2) The nurse shall examine on-site any new medication, medication order and the required authorization to administer form, and, except for epinephrine and naloxone to be used as emergency first aid in accordance with Sections D and E above, shall develop a medication administration plan for the student before any medication is given to the student by any school personnel. No medication shall be stored at a school without a current written order from an authorized prescriber.
- (3) The school nurse shall review all medication refills with the medication order and parent authorization prior to the administration of medication, except for epinephrine and naloxone intended for emergency first aid in accordance with Sections D and E above.
- (4) Emergency Medications
  - (a) Except as otherwise determined by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse or, in the absence of the school nurse, the principal or the principal's designee who has been trained in the administration of medication.
  - (b) Emergency medication shall be locked beyond the regular school day or program hours, except as otherwise determined by a student's emergency care plan.
- (5) All medications, except those approved for keeping by students for self-medication, shall be kept in a designated and locked location used exclusively for the storage of medication. Controlled substances shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

- 978 (6) Access to stored medications shall be limited to persons authorized to  
979 administer medications. Each school or before-and-after school program and  
980 school readiness program shall maintain a current list of such authorized  
981 persons.  
982
- 983 (7) All medications, prescription and non-prescription, shall be delivered and stored  
984 in their original containers and in such a manner that renders them safe and  
985 effective.  
986
- 987 (8) At least two sets of keys for the medication containers or cabinets shall be  
988 maintained for each school building or before-and-after school program and  
989 school readiness program. One set of keys shall be maintained under the direct  
990 control of the school nurse or nurses and an additional set shall be under the  
991 direct control of the principal and, if necessary, the program director or lead  
992 teacher who has been trained in the general principles of the administration of  
993 medication shall also have a set of keys.  
994
- 995 (9) Medications that must be refrigerated shall be stored in a refrigerator at no less  
996 than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The  
997 refrigerator must be located in the health office that is maintained for health  
998 services with limited access. Non-controlled medications may be stored directly  
999 on the refrigerator shelf with no further protection needed. Controlled  
1000 medication shall be stored in a locked box that is affixed to the refrigerator  
1001 shelf.  
1002
- 1003 (10) All unused, discontinued or obsolete medications shall be removed from storage  
1004 areas and either returned to the parent or guardian or, if the medication cannot  
1005 be returned to the parent or guardian, the medication shall be destroyed in  
1006 collaboration with the school nurse:  
1007
- 1008 (a) non-controlled drugs shall be destroyed in the presence of at least one  
1009 witness;  
1010
- 1011 (b) controlled drugs shall be destroyed in pursuant to Section 21a-262-3 of the  
1012 Regulations of Connecticut State Agencies; and  
1013
- 1014 (c) accidental destruction or loss of controlled drugs must be verified in the  
1015 presence of a second person, including confirmation of the presence or  
1016 absence of residue, and jointly documented on the student medication  
1017 administration record and on a medication error form pursuant to Section  
1018 10-212a(b) of the Connecticut General Statutes. If no residue is present,  
1019 notification must be made to the Department of Consumer Protection  
1020 pursuant to Section 21a-262-3 of the Regulations of Connecticut State  
1021 Agencies.  
1022
- 1023 (11) Medications to be administered by coaches of intramural or interscholastic  
1024 athletic events or licensed athletic trainers shall be stored:

- 1025
- 1026 (a) in containers for the exclusive use of holding medications;
- 1027
- 1028 (b) in locations that preserve the integrity of the medication;
- 1029
- 1030 (c) under the general supervision of the coach or licensed athletic trainer
- 1031 trained in the administration of medication; and
- 1032
- 1033 (d) in a locked secured cabinet when not under the general supervision of the
- 1034 coach or licensed athletic trainer during intramural or interscholastic
- 1035 athletic events.
- 1036
- 1037 (12) In no event shall a school store more than a three (3) month supply of a
- 1038 medication for a student.
- 1039
- 1040 L. School Readiness Programs and Before-and-After School Programs
- 1041
- 1042 (1) As determined by the school medical advisor, if any, and school nurse
- 1043 supervisor, the following procedures shall apply to the administration of
- 1044 medication during school readiness programs and before-and-after school
- 1045 programs run by the Board, which are exempt from licensure by the Office of
- 1046 Early Childhood:
- 1047
- 1048 (a) Administration of medication at these programs shall be provided only
- 1049 when it is medically necessary for participants to access the program and
- 1050 maintain their health status while attending the program.
- 1051
- 1052 (b) Except as provided by Sections D and E above, no medication shall be
- 1053 administered in these programs without:
- 1054
- 1055 (i) the written order of an authorized prescriber; and
- 1056
- 1057 (ii) the written authorization of a parent or guardian or an eligible
- 1058 student.
- 1059
- 1060 (c) A school nurse shall provide consultation to the program director, lead
- 1061 teacher or school administrator who has been trained in the administration
- 1062 of medication regarding the safe administration of medication within these
- 1063 programs. The school medical advisor and school nurse supervisor shall
- 1064 determine whether, based on the population of the school readiness
- 1065 program and/or before-and-after school program, additional nursing
- 1066 services are required for these programs.
- 1067
- 1068 (d) Only school nurses, directors or directors' designees, lead teachers or
- 1069 school administrators who have been properly trained may administer
- 1070 medications to students as delegated by the school nurse or other
- 1071 registered nurse. Properly trained directors or directors' designees, lead

- 1072 teachers or school administrators may administer oral, topical, intranasal  
1073 or inhalant medications. Investigational drugs or research or study  
1074 medications may not be administered in these programs.  
1075
- 1076 (e) Students attending these programs may be permitted to self-medicate only  
1077 in accordance with the provisions of Section B(3) of this policy. In such a  
1078 case, the school nurse must provide the program director, lead teacher or  
1079 school administrator running the program with the medication order and  
1080 parent permission for self-administration.  
1081
- 1082 (f) In the absence of the school nurse during program administration, the  
1083 program director, lead teacher or school administrator is responsible for  
1084 decision-making regarding medication administration.  
1085
- 1086 (g) Cartridge injector medications may be administered by a director, lead  
1087 teacher or school administrator only to a student with a medically-  
1088 diagnosed allergic condition which may require prompt treatment to  
1089 protect the student against serious harm or death.  
1090
- 1091 (2) Local poison control center information shall be readily available at these  
1092 programs.  
1093
- 1094 (3) Procedures for medication emergencies or medication errors, as outlined in this  
1095 policy, must be followed, except that in the event of a medication error a report  
1096 must be submitted by the program director, lead teacher or school administrator  
1097 to the school nurse the next school day.  
1098
- 1099 (4) Training for directors or directors' designees, lead teachers or school  
1100 administrators in the administration of medication shall be provided in  
1101 accordance with Section J of this policy.  
1102
- 1103 (5) All medications must be handled and stored in accordance with Section K of  
1104 this policy. Where possible, a separate supply of medication shall be stored at  
1105 the site of the before-and-after or school readiness program. In the event that it  
1106 is not possible for the parent or guardian to provide a separate supply of  
1107 medication, then a plan shall be in place to ensure the timely transfer of the  
1108 medication from the school to the program and back on a daily basis.  
1109
- 1110 (6) Documentation of any administration of medication shall be completed on  
1111 forms provided by the school and the following procedures shall be followed:  
1112
- 1113 (a) a medication administration record for each student shall be maintained by  
1114 the program;  
1115
- 1116 (b) administration of a cartridge injector medication shall be reported to the  
1117 school nurse at the earliest possible time, but no later than the next school  
1118 day;



- 1119  
1120 (c) all instances of medication administration, except for the administration of  
1121 cartridge injector medication, shall be reported to the school nurse at least  
1122 monthly, or as frequently as required by the individual student plan; and  
1123  
1124 (d) the administration of medication record must be submitted to the school  
1125 nurse at the end of each school year and filed in the student's cumulative  
1126 health record.  
1127  
1128 (7) The procedures for the administration of medication at school readiness  
1129 programs and before-and-after school programs shall be reviewed annually by  
1130 the school medical advisor, if any, and school nurse supervisor.  
1131

1132 M. Review and Revision of Policy  
1133

1134 In accordance with the provisions of Conn. Gen. Stat. Section 10-212a(a)(2) and  
1135 Section 10-212a-2 of the Regulations of Connecticut State Agencies, the Board  
1136 shall review this policy periodically, and at least biennially, with the advice and  
1137 approval of the school medical advisor, if any, or other qualified licensed physician,  
1138 and the school nurse supervisor. Any proposed revisions to the policy must be  
1139 made with the advice and approval of the school medical advisor, school nurse  
1140 supervisor or other qualified licensed physician.  
1141  
1142

1143 Legal References:  
1144

1145 Connecticut General Statutes:

- 1146 Section 10-206  
1147 Section 10-212  
1148 Section 10-212a  
1149 Section 10-212c  
1150 Section 10-220j  
1151 Section 14-276b  
1152 Section 19a-900  
1153 Section 21a-240  
1154 Section 52-557b  
1155

1156 Regulations of Conn. State Agencies:

- 1157 Sections 10-212a-1 through 10-212a-10, inclusive  
1158

1159 Memorandum of Decision, In Re: Declaratory Ruling/Delegation by Licensed Nurses to  
1160 Unlicensed Assistive Personnel, Connecticut State Board of Examiners for Nursing  
1161 (April 5, 1995)  
1162  
1163

1164 ADOPTED: \_\_\_\_\_

1165 REVISED: \_\_\_\_\_

1166  
1167 [NOTE: This form makes reference to a school medical advisor. If your district does not,  
1168 and is not required to, have a medical advisor, all references to such should be deleted  
1169 before providing this form to parents]

1170  
1171 [Board of Education/School Letterhead]

1172 **REFUSAL TO PERMIT ADMINISTRATION**  
1173 **OF EPINEPHRINE FOR EMERGENCY FIRST AID**

1174  
1175 Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1176  
1177 Address of Child: \_\_\_\_\_

1178  
1179 Name of Parent(s): \_\_\_\_\_

1180  
1181 Address of Parent(s): \_\_\_\_\_  
1182 (if different from child)

1183  
1184 Connecticut law requires the school nurse and other qualified school personnel in all  
1185 public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of  
1186 administering emergency first aid to students who experience allergic reactions and do  
1187 not have a prior written authorization of a parent or guardian or a prior written order of a  
1188 qualified medical professional for the administration of epinephrine. State law permits the  
1189 parent or guardian of a student to submit a written directive to the school nurse or school  
1190 medical advisor that epinephrine shall not be administered to such student in emergency  
1191 situations. This form is provided for those parents who refuse to have epinephrine  
1192 administered to their child. The refusal is valid for only for the 20\_\_-20\_\_ school year.

1193  
1194 I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
1195 **Print name of parent/guardian** **Print name of student**  
1196 refuse to permit the administration of epinephrine to the above named student for  
1197 purposes of emergency first aid in the case of an allergic reaction.

1198  
1199 \_\_\_\_\_  
1200 **Signature of Parent/Guardian** **Date**

1201  
1202  
1203 Please return the completed original form to your child’s school nurse or school medical  
1204 advisor, \_\_\_\_\_ [Insert name of medical advisor] at  
1205 \_\_\_\_\_ [Insert  
1206 address of medical advisor].