



Connecticut State Department of Education



# Medication Administration Regulations

This workshop has been designed to provide guidance to school districts regarding the *Regulations of the Administration of Medication by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs*, effective as of October 7, 2010. These scheduled workshops are for the purpose of clarification, and to assist school districts with the creation or adjustments to their medication administration policy based on the revised regulations. In preparation for these workshops, attendees are required to review the regulations, review their current district medication administration policies, and attend the workshops with members of their districts who create, revise or influence the school district's medication administration policy, as appropriate.

## Who Should Attend

- School Nurse Supervisors
- School Nurses
- Medical Advisors
- Pupil Service Directors
- Staff members who create, revise or influence school district's medication administration policy.

## Dates and Times

Dates and times are indicated below.

## Location

All workshops will be held at the Connecticut State Department of Education, 25 Industrial Park Road, Middletown, CT 06457, in Room MCR-3.

## Registration

Return completed registration form by **Friday, November 26, 2010**, to Glenda Stuckey, Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457, FAX 860-807-2127 or e-mail [glenda.stuckey@ct.gov](mailto:glenda.stuckey@ct.gov). When your registration is accepted, you will receive an e-mail confirmation with directions.

**Each person must register separately. (Space is limited to 30 attendees per workshop.) Indicate your first (1<sup>st</sup>) and second (2<sup>nd</sup>) choice for attendance to the following workshop sessions:**

\_\_\_\_\_ November 22, 2010, at 1:30 p.m. to 4:30 p.m.

\_\_\_\_\_ December 1, 2010, at 1:30 p.m. to 4:30 p.m.

\_\_\_\_\_ December 13, 2010, at 8:30 a.m. to 11:30 a.m.

\_\_\_\_\_ January 6, 2011, at 8:30 a.m. to 11:30 a.m.

\_\_\_\_\_ January 17, 2011, at 1:30 p.m. to 4:30 p.m.

\_\_\_\_\_ December 2, 2010, at 8:30 a.m. to 11:30 a.m.

\_\_\_\_\_ December 15, 2010, at 1:30 p.m. to 4:30 p.m.

\_\_\_\_\_ January 10, 2011, at 8:30 a.m. to 11:30 a.m.

\_\_\_\_\_ January 20, 2011, at 1:30 p.m. to 4:30 p.m.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(Town)

(Zip)

E-mail Address (**REQUIRED**): \_\_\_\_\_