

**Y.A.L.E. School**  
**PHYSICIAN'S ORDERS FOR SPECIAL NURSING CARE/RELATED  
MEDICAL TREATMENT PROCEDURES**

As mandated by state law and as a means of giving proper care to your child we are requesting that the following form be completed and returned to school. This form should be returned with a copy of the physician's order written on a prescription for any treatments, specific procedures or medical monitoring that will be performed during the school day. Please use a separate form for each order.

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**Physician's Order** \_\_\_\_\_ **Date** \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

(Check One Below)

Treatment: \_\_\_\_\_

Procedure: \_\_\_\_\_

Monitoring: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Duration of Order: \_\_\_\_\_

Call the Doctor with the following: \_\_\_\_\_

In the event of an off campus outing, this treatment can be: (Please, check)

\_\_\_\_\_ Withheld for the day

\_\_\_\_\_ Performed up to \_\_\_\_\_ hours early

\_\_\_\_\_ Performed up to \_\_\_\_\_ hours late

Please notify the school when a treatment change occurs. Please contact the school to obtain information regarding this student's school performance to aid in further monitoring.

Physician's Signature \_\_\_\_\_

**PHYSICIAN SIGNATURE REQUIRED**

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

I give permission for the school nurse to perform the above prescribed treatment for my child. I will bring in any necessary equipment and/or supplies to the school which may be needed to perform the treatments.

\_\_\_\_\_  
Parent/Guardian Signature

**SIGNATURE REQUIRED**

\_\_\_\_\_  
Relationship to Student