Y.A.L.E. School Consent for Administration of Prescribed Medication

School Year 2023-2024

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 the medication for the medication to be given in school. This medication order is effective September 1st to August 31st and must be renewed annually. Use a separate form for each medication to be administered.

	Physician's Order	Date:	
Student's Name:Birth	<u> </u>	Date of	
Medication Prescribed:			
Dosage:	Time to be administered:		
Length of Prescription:			
Purpose of Medication:			
Possible side effects:			
parent. Please notify the school when a m regarding this student's school per			ain information
PHYSICIAN SIGNATURE		cian/APN Signature	Date
		Phone	
I request the school nurse or the s medication as ordered. I will bring		-	
SIGNATURE REQU		nt/Guardian Signature	Date
		Relationship to Student	

(**Do not fill out this form for allergy or asthma related medications**. These conditions require additional documentation and physician consent. Asthma requires an Asthma Action Plan and allergies require the Allergy Form.) **This medication will be given for the current school year until discontinued in writing by the parent or**

prescribing physician/APN. A new form is required if medication dose is changed. At the end of the school year, unused or expired medication must be picked up by the parent/guardian.		