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

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: _____ Date of Birth_____

Medication Prescribed: _____

Dosage: _____ Time to be administered:_____

Length of Prescription: _____

Purpose of Medication: _____

Possible side effects: _____

***In the event of an off-campus outing, this medication can be given earlier or later with the written consent of the parent.

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

_____
Physician/APN Signature Date

PHYSICIAN SIGNATURE REQUIRED

_____
Phone

I request the school nurse or the student him/herself when the school nurse is present to give the above medication as ordered. **I will bring the medication to school in the original container properly labeled.**

_____
Parent/Guardian Signature Date

PARENT SIGNATURE REQUIRED

_____
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.