Y.A.L.E. School
Consent for Administration of Prescribed Medication
School Year 2018-2019

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 in order 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

Student's Name: _____

Medication Prescribed: _____

Dosage and Time: _____

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 SIGNATURE REQUIRED

_____
Physician's Signature Date

_____
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.**

SIGNATURE REQUIRED

_____
Parent/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.)