



YALE PUBLIC SCHOOLS - MEDICATION PERMISSION FROM

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN AND KEPT IN THE SCHOOL OFFICE. ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY AN ADULT. MEDICATION BROUGHT TO SCHOOL BY A STUDENT WILL NOT BE ADMINISTERED. UN-ADMINISTERED MEDICATION CAN BE PICKED UP IN THE SCHOOL OFFICE BY AN ADULT. MEDICATION CANNOT BE SENT HOME WITH STUDENTS. PLEASE REMEMBER TO KEEP A RECORD OF THE SUPPLY OF MEDICATION YOU HAVE BROUGHT TO THE OFFICE. THE SCHOOL IS NOT RESPONSIBLE FOR NOTIFYING PARENT/GUARDIAN REGARDING THE NEED FOR ADDITIONAL MEDICATION.

STUDENT NAME: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____

ALL MEDICATION WILL BE ADMINISTERED BY THE PRINCIPAL, SECRETARY OR OTHER SCHOOL PERSONNEL AS DIRECTED BY THE PRINCIPAL.

MEDICATION INFORMATION:

1. Name of Medication: _____ Date(s) to be Administered: _____

Dosage: _____ Frequency: _____ Times Given: _____

Purpose: _____

Comments/Directions/Hazards: _____

Prescription: _____ Non-Prescription: _____

2. Name of Medication: _____ Date(s) to be Administered: _____

Dosage: _____ Frequency: _____ Times Given: _____

Purpose: _____

Comments/Directions/Hazards: _____

Prescription: _____ Non-Prescription: _____

3. Name of Medication: _____ Date(s) to be Administered: _____

Dosage: _____ Frequency: _____ Times Given: _____

Purpose: _____

Comments/Directions/Hazards: _____

Prescription: _____ Non-Prescription: _____

PHYSICIAN INFORMATION:

Attending Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Physician Signature: _____

I hereby request that my child be administered his/her prescription/non-prescription medication at school by the school personnel. I understand that prescription medication will be administered exactly as per directions of the above named physician. Nonprescription medications will be administered as indicated above by parent/guardian. I will notify the school of any changes or discontinuation of this medication in writing. Yale Public Schools also has my permission to share the information on this form to staff on a need to know basis.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____