

**PARKLAND SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS**

NOON

My child, _____ may receive the following prescribed medication during school hours in order to maintain sufficient health to participate in the school program.

Medication: _____

Prescribed Dosage: _____

Time Schedule: _____

Physician: _____

Pharmacy: _____ Phone: _____

Condition/Illness: _____

PLEASE NOTE THE FOLLOWING:

It is the parent's responsibility to assure an adequate supply of medication in the Health Room.

If the medication, dosage, or time of administration is changed, the parent and/or physician must complete new forms.

If your child needs to have prescribed medication with him/her on any field trip, it is your responsibility to personally notify the school nurse before each scheduled field trip so that arrangements can be made to comply with your request.

I do hereby release, discharge, and hold harmless the Parkland School District, its agents and its employees from any and all liability whatsoever for the administration of the prescribed medication to the child named above and pursuant to these directions.

Date: _____ Grade: _____ Teacher: _____

Signature of Parent/Guardian

Telephone Number

MON	TUE	WED	THUR	FRI		MON	TUE	WED	THUR	FRI
9/1 <i>NO SCHOOL</i>	9/2	9/3	9/4	9/5		9/8	9/9	9/10	9/11	9/12
9/15	9/16	9/17	9/18	9/19		9/22	9/23	9/24	9/25	9/26
9/29	9/30	10/1	10/2	10/3		10/6	10/7	10/8	10/9 <i>NO SCHOOL</i>	10/10
10/13 <i>NO SCHOOL</i>	10/14	10/15	10/16	10/17		10/20	10/21	10/22	10/23	10/24

2008-2009

MON	TUE	WED	THUR	FRI		MON	TUE	WED	THUR	FRI
10/27	10/28	10/29	10/30	10/31		11/3	11/4	11/5	11/6	11/7
11/10	11/11	11/12	11/13	11/14		11/17	11/18	11/19	11/20	11/21
11/24	11/25	11/26	11/27 <i>NO SCHOOL</i>	11/28 <i>NO SCHOOL</i>		12/1 <i>NO SCHOOL</i>	12/2	12/3	12/4	12/5
12/8	12/9	12/10	12/11	12/12		12/15	12/16	12/17	12/18	12/19
12/22	12/23	12/24 <i>NO SCHOOL</i>	12/25 <i>NO SCHOOL</i>	12/26 <i>NO SCHOOL</i>		12/29 <i>NO SCHOOL</i>	12/30 <i>NO SCHOOL</i>	12/31 <i>NO SCHOOL</i>	1/1 <i>NO SCHOOL</i>	1/2 <i>NO SCHOOL</i>
1/5	1/6	1/7	1/8	1/9		1/12	1/13	1/14	1/15	1/16
1/19 <i>NO SCHOOL</i>	1/20	1/21	1/22	1/23		1/26	1/27	1/28	1/29	1/30
2/2	2/3	2/4	2/5	2/6		2/9	2/10	2/11	2/12	2/13 <i>NO SCHOOL</i>
2/16 <i>NO SCHOOL</i>	2/17	2/18	2/19	2/20		2/23	2/24	2/25	2/26	2/27
3/2	3/3	3/4	3/5	3/6		3/9	3/10	3/11	3/12	3/13 <i>NO SCHOOL</i>
3/16	3/17	3/18	3/19	3/20		3/23	3/24	3/25	3/26	3/27
3/30	3/31	4/1	4/2	4/3		4/6	4/7	4/8	4/9 <i>NO SCHOOL</i>	4/10 <i>NO SCHOOL</i>
4/13 <i>NO SCHOOL</i>	4/14	4/15	4/16	4/17		4/20	4/21	4/22	4/23	4/24
4/27	4/28	4/29	4/30	5/1		5/4	5/5	5/6	5/7	5/8
5/11	5/12	5/13	5/14	5/15		5/18	5/19	5/20	5/21	5/22
5/25 <i>NO SCHOOL</i>	5/26	5/27	5/28	5/29		6/1	6/2	6/3	6/4	6/5
6/8	6/9	6/10	6/11	6/12						

Student's Name: _____ Medication: _____