

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

**20112012**

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

# 2011-2012

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

Student's Name: \_\_\_\_\_ Medication: \_\_\_\_\_