

Medication Dispensation Form and Calendar 2020-2021

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Administered:\_\_\_\_\_\_\_\_\_\_\_ Termination Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Possible Side Effects of Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is medication given by inhaler? Y \_\_\_ N\_\_\_ If yes, do you wish inhaler kept with your child? Y\_\_\_ N\_\_\_**

**This certifies that I, the undersigned parent/guardian, am aware of the terms of the above authorization and hereby request that they be carried out accordingly.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **August** | 17 | 18 | 19 | 20 | 21 |
|  | 24 | 25 | 26 | 27 | 28 |
| **September** | 31 | 1 | 2 | 3 | 4 |
|  | 7 | 8 | 9 | 10 | 11 |
|  | 14 | 15 | 16 | 17 | 18 |
|  | 21 | 22 | 23 | 24 | 25 |
| **October** | 28 | 29 | 30 | 1 | 2 |
|  | 5 | 6 | 7 | 8 | 9 |
|  | 12 | 13 | 14 | 15 | 16 |

**Nurse/Med Records Clerk Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 19 | 20 | 21 | 22 | 23 |
|  | 26 | 27 | 28 | 29 | 30 |
| **November** | 2 | 3 | 4 | 5 | 6 |
|  | 9 | 10 | 11 | 12 | 13 |
|  | 16 | 17 | 18 | 19 | 20 |
|  | 23 | 24 | 25 | 26 | 27 |
| **December** | 30 | 1 | 2 | 3 | 4 |
|  | 7 | 8 | 9 | 10 | 11 |
|  | 14 | 15 | 16 | 17 | 18 |
|  | 21 | 22 | 23 | 24 | 25 |
| **January** | 28 | 29 | 30 | 31 | 1 |
|  | 4 | 5 | 6 | 7 | 8 |
|  | 11 | 12 | 13 | 14 | 15 |
|  | 18 | 19 | 20 | 21 | 22 |
|  | 25 | 26 | 27 | 28 | 29 |
| **February** | 1 | 2 | 3 | 4 | 5 |
|  | 8 | 9 | 10 | 11 | 12 |
|  | 15 | 16 | 17 | 18 | 19 |
|  | 22 | 23 | 24 | 25 | 26 |
| **March** | 1 | 2 | 3 | 4 | 5 |
|  | 8 | 9 | 10 | 11 | 12 |
|  | 15 | 16 | 17 | 18 | 19 |
|  | 22 | 23 | 24 | 25 | 26 |
| **April** | 29 | 30 | 31 | 1 | 2 |
|  | 5 | 6 | 7 | 8 | 9 |
|  | 12 | 13 | 14 | 15 | 16 |
|  | 19 | 20 | 21 | 22 | 23 |
|  | 26 | 27 | 28 | 29 | 30 |
| **May** | 3 | 4 | 5 | 6 | 7 |
|  | 10 | 11 | 12 | 13 | 14 |
|  | 17 | 18 | 19 | 20 | 21 |
|  | 24 | 25 | 26 | 27 | 28 |
| **June** | 31 | 1 | 2 | 3 | 4 |
|  | 7 | 8 | 9 | 10 | 11 |
|  | 14 | 15 | 16 | 17 | 18 |