**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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