



**GWINNETT COUNTY PUBLIC SCHOOLS
ADMINISTRATION OF MEDICATION REQUEST**

TO THE PARENT OF: _____

To ensure the safety of all students at our school, the following guidelines should be followed when medications are to be sent to school:

1. All medications (prescription and nonprescription) must be taken directly to the clinic for safe storage.
2. All medications, both prescription and over-the-counter, must be accompanied by **this form**.
3. All medications must be in the ORIGINAL CHILD PROOF CONTAINER. Prescription medications must be in the labeled prescription bottle. **Medications stored in envelopes, baggies, etc., will not be administered.**
4. Administration of prescription and over-the-counter medicine (even for a short period of time) is discouraged. Parents should check with their physician regarding the need for medications to be administered during school hours. Medications prescribed for three times daily often can be given before school, after school, and at bedtime. If you have any questions about this procedure, please call.
5. **Medications must be picked up at the end of the year, or will be disposed of by the school.**

Student: _____ **Teacher:** _____ **Date:** _____

Name of Medication: _____ **Doctor:** _____

Reason Medication Given: _____

Amount to be given: _____

Time(s) to be given: _____

Possible Side Effects: _____

Special Instructions: _____

I, _____, grant permission for the principal or designee to assist in administration of medication listed above for my child, _____, while at school, or when on field trips.

I understand that the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may rise against any school personnel relative to the administration of this medication to my child according to the instructions provided above.

Phone Numbers:

Home: _____ Work: _____ Pager: _____

Signature of Parent
Revised 12/04

Date