

GWINNETT COUNTY PUBLIC SCHOOLS ADMINISTRATION OF MEDICATION REQUEST

STUDENT NAME:_		Date of Birth:
		TEACHER:
SCHOOL:		
For the safety of all st	udents at our school, these g	guidelines should be followed:
Parents should check w hours. Medications pres	ith their physician regarding the 1	licine (even for a short period of time) is discouraged. need for medications to be administered during school n can be given before school, after school, and at n please call the school clinic.
2. All medications, both p school clinic by an add		must be accompanied by this form and brought to the
the labeled prescription is the responsibility of t Medications stored in ALL MEDICATIONS	bottle. Pharmacists can give a different/guardian to inform schenvelopes, baggies, etc., will no NEED TO BE ADMINISTER	OOF CONTAINER. Prescription medications must be in luplicate labeled container with only the school dose. It ool of any changes and update medication forms. t be administered. ED ACCORDING TO DIRECTIONS ON LABEL. t, or the school will dispose of them.
Name of Medication:		Expiration Date_
		-
_		
Time(s) to be given: _		
Possible Side Effects:		
Special Instructions: _		
I,assist in administration while at school, or where the school is the school in the school is the school in t	on of medication listed above for the near the n	grant permission for the principal or designee to for my child,,
be made to assist the	student and I further agree to relative to the administration	e that anything more than a reasonable effort will waive any claims of liability that may rise against of this medication to my child according to the
Phone Numbers:		
Home:	Work:	Cell:
Sig	nature of Parent	