

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

**TO THE PARENT OF:** \_\_\_\_\_

To insure 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 non-prescription) must be taken directly to the clinic for safe storage.
2. All medications, both prescription and over-the-counter, must be accompanied by a NOTE FROM THE PARENT. The note should include all the information listed below. Medications required for more than one day must be accompanied by this Administration of Medication Request Form which can be obtained from the clinic.
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.

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 the administration of the medication listed above for my child, \_\_\_\_\_.  
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 arise against any school personnel relative to the administration of this medication to my child according to the instructions provided above.

Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date