



**GWINNETT COUNTY PUBLIC SCHOOLS  
HYPODERMIC INJECTION PERMIT**

DATE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME : \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

PRESCRIPTION NUMBER: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

PRESCRIPTION NUMBER: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

Permission is hereby granted to the local school principal or his/her designee to administer hypodermic injections to my child for prescribed medicines.

I hereby release and discharge the Gwinnett County Board of Education, its employees and officials, from any and all liability in case of accident or any other mishap because of negligence in administering said injection or because of side effects, illness, or any other injury which might occur to my student through administering said injection, and I hereby release said aforementioned officials from any liability because of any injury or damage which might occur.

SIGNED AND SEALED, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

Witnessed by:

\_\_\_\_\_  
Notary Public

Seal