



MEDICATIONS TO BE GIVEN AT SCHOOL

To the parent or guardian 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 (prescriptions 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 of the information listed on the *Administration of Medication Request* form on the back of this page. If your child's medication is required to be administered for more than one day, the above-referenced *Administration of Medication Request* form must be completed and sent in to the clinic. Additional forms are available from the clinic.
3. All medication must be in the ORIGINAL CHILD-PROOF CONTAINER, and 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 these procedures, please call the Crews clinic at 770-982-6945.

Please see Reverse side of page for the
Administration of Medication Request Form



Gwinnett County Public Schools
Student Support Services

ADMINISTRATION OF MEDICATION REQUEST

Should your child require medication during the school day, this form must be completed and sent to the clinic along with your child's medication. Please see the reverse side of this page for additional guidelines.

Student _____ Teacher _____ Date _____

Name of Medication _____ Doctor _____

Reason Medication is Given _____

Amount to be given _____

Time 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 a parent 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 the medication to my child according to the instructions provided above.

Phone Number(s): (Home) _____ (Work) _____ (Cell) _____

Signature of Parent or Guardian

Date

- ◆ **DUE TO LIMITED STORAGE SPACE IN THE CLINIC, PLEASE BRING IN THE SMALLEST SIZE BOTTLE OF MEDICATIONS.**
- ◆ **MEDICATIONS WILL BE ACCEPTED ONLY IN THEIR ORIGINAL PACKAGING. PRESCRIPTION DRUGS MUST BE IN THE LABELED PRESCRIPTION BOTTLE. ALL MEDICATIONS SENT OTHERWISE WILL BE DISPOSED OF IMMEDIATELY.**
- ◆ **PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR ADDITIONAL GUIDELINES.**