

MEDICATION PERMIT

Date _____

Student Name _____ Teacher _____

Permission is hereby granted to the local school principal or his/her designee to administer to my child the following medications:

1. _____ Dose _____ Time(s) _____

Reason _____ Number of days to be given _____

2. _____ Dose _____ Time(s) _____

Reason _____ Number of days to be given _____

I hereby release and discharge Bartow County Board of Education, its employees and officials, from any and all liability in case of accident or any other mishap in administering said medication(s) due to side effects, illness, or any other injury which might occur to my child through supervising said medication, and I hereby release said aforementioned officials from any liability because of any injury or damage which might occur.

- Note:**
1. Medication(s) must be in original container.
 2. Prescription medications must have current prescription label.
 3. Parents/guardians must provide specific instructions (including drugs and supplies) to the principal or his designee.
 4. All medications will be taken directly to the office of the principal or to the school nurse.
 5. It will be the responsibility of the parent/guardian to inform the school of any update Emergency Card information needed.
 6. A daily record shall be kept on each medication administered. This record will include student's name, date, medication administered, time and signature of school personnel who supervised said medication.

Date

Signature of Parent/Guardian

Date

Signature of Recipient at School

I hereby, specifically, give permission for my child to self-administer his/her own asthma medication.

I hereby, specifically, give permission for my child to self-administer his/her own epi pen in an emergency.

Date

Signature of Parent/Guardian

Exhibit Medicines

ISSUED: November 14, 2000

LAST REVISED : May 2012

Descriptor Code: JGCD-E

BARTOW COUNTY BOARD OF EDUCATION



