

Rockdale County Public Schools

960 Pine Street NE • Convers Georgia 30012 • (770) 483-4713

Request for School Staff to Administer Medication Student Name: As the parent/guardian, I request that a school staff member give medication to my child. I agree that instructions for giving non-prescription medicine must be given by me, in writing, in order for school staff to give medicine. Any prescription medication that I request be given will be provided to the school in the original container as dispensed by the pharmacy (no baggies, foil, etc.), labeled with my child's name along with the following instructions: Name of Medication: Time to be Given: Amount/Dose to be Given: Child's Medication Allergies: Check One: Prescription Non-Prescription Expiration Date: If prescription medicine: a. Condition/Illness Requiring Medication:_____ b. Physician's Name:_____ c. Physician's Phone Number: d. Date Prescribed: Medication will be administered only in accordance with the written instructions from the physician/pharmacy. I give permission for Rockdale County Public Schools' school nurse, clinic aide, or lead nurse to call the physician listed above or the pharmacy listed on the medication container if there is a question about this medication. YES NO Parent/Guardian Signature Date I further agree that no school employee shall be held liable in any way for any side-effects or medical problems resulting from the school employee's giving my child medication as directed by the doctor's order(s) or as directed by me as the child's parent/guardian. I, also, will be responsible for informing the school of any changes to the medications requested above. Parent/Guardian Signature Date Parent/Guardian Name (Please Print) Daytime Phone No./Cell Phone No. To Be Completed Only by School Nurse/Clinic Aid: Date Received: Medicine: # Doses:

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