



**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