

Form JGCD-8

*Empowering Dreams for the Future*

**HYPODERMIC INJECTION REQUEST**

**From Parent/Guardian**

|  |  |
| --- | --- |
| Date: |  |

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| --- | --- | --- | --- |
| Student’s Name: |  | School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher: |  | Grade: |  |

1. Permission is hereby granted to the licensed school nurse to administer hypodermic injections to my child for prescribed medicines as directed by my licensed health care provider (Legal Prescriber).
2. Permission is hereby granted for school personnel to contact the Legal Prescriber regarding any issues or concerns related to the management of this request.
3. I hereby release and discharge the Cobb County Board of Education, the Cobb County School District, 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 child through administering said injection. And, I hereby release said aforementioned Board, District, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Home address: |  |

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| Home phone: |  | Work phone: |  |

Note:

1. Parent/guardian must provide a Form JGCD-9 (Hypodermic Injection Request from Licensed Health Care Provider [Legal Prescriber]) stating the need for injections during school hours, including the name, dose and time of the medication.
2. To ensure the safety of the child, the parent/guardian will furnish all necessary provisions before the school will act upon this request.
3. If any conditions in this injection request change, a new request must be completed and signed by the parent/guardian and a new request submitted by the Legal Prescriber. A fax copy from the Legal Prescriber will be accepted until the original can be mailed or brought to the school clinic.