

EXHIBIT
ADMINISTRATION OF MEDICATION

DESCRIPTOR CODE: JGCD-E (1)
DATE: 9/2007

School Year_____

Medication Administration Daily Log
 (To be completed for each medication)

School_____

Child's Name_____
 Grade_____
 Staff Member receiving medication_____
 # Pills_____

Medication _____
 Amt to be given_____
 Time to be given_____

Prescription No._____
 Oral_____
 Inhaler_____
 Topical_____

CONSENT: I give permission for the school nurse/staff to assist with the administration of medication to my child as indicated above. I understand that as of April 14,2003, under the Health Insurance Portability and Accountability Act (HIPPA) disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance in the Griffin-Spalding County Schools. This authorization expires as of the last day of this school year.

Parent/Guardian Signature_____

Date_____

Directions: Document time of administration and initials of person administering medication

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A U G																															
S E P																															
O C T																															
N O V																															
D E C																															
J A N																															
F E B																															
M A R																															
A P R																															
M A Y																															

Initials and Signature of Person Administering Medication:
 1. _____ 3. _____
 2. _____ 4. _____

X No medication available
 H Holiday A Absent
 S Saturday/Sunday O No school today

Additional Medication brought in: # Pills Rx# Brought in by: Received by:

Additional Medication brought in: # Pills Rx# Brought in by: Received by:

Additional Medication brought in: # Pills Rx# Brought in by: Received by:

Additional Medication brought in: # Pills Rx# Brought in by: Received by:

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Additional Medication brought in: # Pills: Rx# Brought in by: Received by:

Additional Medication brought in: # Pills: Rx# Brought in by: Received by:

Additional Medication brought in: # Pills: Rx# Brought in by: Received by:

Medication picked up by: Relationship # Pills in Bottle:

Witness:

Comments: