

EXHIBIT

Descriptive Code: JGCD-E-(2)

ADMINISTRATION OF MEDICATION

Date: September 20, 2007

Griffin-Spalding County School System

SELF-MEDICATE PERMISSION FORM

(Date)

(Grade/Teacher)

(Student's Name)

I, _____ parent/guardian of the above named student do
give permission for my child to carry and administer to himself/herself the following
medication(s):

NAME OF MEDICATION	DOSAGE	HOW OFTEN	REASON FOR TAKING

This permission will remain in effect until:_____.
(Length of time to be taken)

Parent/guardian signature:_____

COMPLETE AND RETURN THIS FORM TO THE SCHOOL NURSE