



Request to Parent/Guardian for Medications and Health Management Plans

School Year: _____

Date: _____

Dear Parent/Guardian of: _____
(Student's Name)

Our records indicate your child has a history of:

☐ Asthma

☐ Allergy- Insect

☐ Seizures

☐ Allergy- Food

☐ Cardiac

☐ Sickle Cell

Other: _____

Please complete the attached forms so that your child can be cared for at school.

***Per GCPS procedures, students are not allowed to carry/transport medications. If your child requires medication while at school, it must be brought to school by an adult with completed paperwork. ***

****Per GCPS policy, students who are authorized by a healthcare provider, as indicated on the health management plan, may carry their albuterol inhaler and/or auto-injectable epinephrine. ****

If your child does **NOT** need a health management plan and/or medication at school, please check the box below, sign, and return this form to school.

Thank you,

School Clinic Worker

☐ No care is needed at school for this condition.

Parent/Guardian Signature

Date