

Lincoln County School District #2 360 Jefferson Afton, WY 83110

PERMISSION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION AT SCHOOL AND RELEASE OF LIABILITY

Student Information	School Year:
Name:	Date of Birth:
School:	Grade:
Medication Allergies:	
Permission must be given by Parent/Guardian for	r any and/or all medications
Please place a check mark in the box next to each medication the trained school personnel: (Dose will be based on age / weight per guidelines from the Acetaminophen (generic for Tylenol) Adult strength Acetaminophen (325mg tab) Children's strength Chewable Acetaminophen Ibuprofen (generic for Advil/Motrin) Adult strength Ibuprofen (200mg tab) Children's strength Chewable Ibuprofen (50mg Allergy Relief / Cetirizine (generic for Zyrtec) 10mg tab Liquid 5mg/5ml Tums (antacid) 400mg Cough Drops	e American Academy of Pediatrics) (160mg tab)
☐ Saline	
☐ 1% Hydrocortisone cream	
☐ Bacitracin antibiotic ointment	
Parent contact at time of administration 1. For oral medication (tylenol, ibuprofen, zyrtec, tums) - written consent required AND a. For students KG-6th grade: Parents will be contacted prior to administration b. For students 7th-12th grade: Parent DOES request contact before administering Parent DOES NOT requested contact 2. For topicals, saline, and cough drops - parents will NOT be contacted prior to administration.	
Permission from Parent/guardian	
I,, request and personnel, to give my child (named above) the listed medication standing orders.	n according to school board policy and
I agree to indemnify and hold harmless LCSD2 and its employe based on willful and wanton conduct, arising out of the administ of medication. Parent Signature:	ration or the child's self-administration
Parent Name: P	hone Number: