



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 any and/or all medications

Please **place a check mark** in the box next to each medication your child is authorized to receive from the trained school personnel:

(Dose will be based on age / weight per guidelines from the American Academy of Pediatrics)

- Acetaminophen (generic for Tylenol)
 - Acetaminophen tab
 - Chewable acetaminophen
- Ibuprofen (generic for Advil/Motrin)
 - Ibuprofen tab
 - Chewable ibuprofen
- Allergy Relief / Cetirizine (generic for Zyrtec)
 - Cetirizine tab
 - Liquid cetirizine
- Tums (antacid)
- Cough drops
- 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 give permission for trained school personnel, to give my child (named above) the listed medication according to school board policy and standing orders.

I agree to indemnify and hold harmless LCSD2 and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent Signature: _____ Date: _____

Parent Name: _____ Phone Number: _____