

**AUTHORIZATION FOR ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION**

Sweetwater County School District Number One, State of Wyoming Policy File JHCD requires that no non-prescription medication shall be administered to students in school without the written permission of the parent, legal guardian or student of legal age. If it is necessary for non-prescription medication to be administered during school hours, please provide the information requested and return the signed Authorization to the school.

Student Name: _____ Birth date: _____
School: _____ Grade: _____
Medication – Allergies/Sensitivities: _____
List any other medications your child receives: _____
Medical/health problems: _____

As the parent, legal guardian or student of legal age, I authorize the above-named student to receive any medication listed below as deemed necessary by the School Nurse or her designee. I understand that generic equivalent medications may be used in accord with established protocols of the District. In consideration of District personnel administering such medication, as designated friends in accord with Wyo. Stat. §33-21-154, the undersigned hereby releases the District from any and all claims, demands and liabilities which may result by reason of the administration of such medication, the failure to administer it, or the improper administration thereof.

I would like the following non prescription medication(s) made available to my student: (please check)

**For headache/fever/burns/
earache/muscle aches/
pain/menstrual cramps**

☐ Acetaminophen
(like Tylenol)
Dosage: _____

Sore Throat / Cough

☐ Cough Drop
Dosage: _____

Itching / Rash

☐ Hydrocortisone Cream
Dosage: _____

☐ Ibuprofen
(like Advil)
Dosage: _____

Upset Stomach / Heartburn

☐ Chewable Antacid
(like Tums)
Dosage: _____

Minor Allergic Reaction

☐ Diphenhydramine
(like Benadryl)
Dosage: _____

☐ I do not want any non-prescription medication given to my child at school.

Parent / Guardian's Signature: _____ Date: _____

Parent / Guardian's Phone: Home: _____ Work: _____