

**AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION  
MEDICATION AND RELEASE OF LIABILITY**

The undersigned hereby designate trained personnel:  
School Nurse, Principal, Secretary or Teacher (Field Trip only)

\*Parents may designate \_\_\_\_\_ (specific person to administer prescription medication and the parent can submit this document to the school).

And hereby authorize these personnel of Sheridan County School District No. 2, State of Wyoming, to administer the following medication to:

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

PURPOSE OF MEDICATION: \_\_\_\_\_

DOSE TO BE ADMINISTERED AT SCHOOL: \_\_\_\_\_

INSTRUCTION FOR ADMINISTRATION: Given according to the licensed health care provider's directions on the original container.

**Name of Health Care Provider (Please Print)** \_\_\_\_\_

**HCP's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

In consideration of District personnel administering such medicine, the undersigned hereby releases, indemnifies, and holds harmless said District and its personnel from all claims, demands, and liabilities, direct and indirect, which may result or accrue by reason of the administration of such medicine, the failure to administer it, or the improper administration thereof.

I have read and understand this authorization. I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Date Parent or Legal Guardian

**PARENT NOTE:** PRESCRIPTION MEDICATION MUST BE BROUGHT TO SCHOOL IN ITS MOST RECENT PRESCRIPTION BOTTLE/CONTAINER, APPROPRIATELY LABELED BY THE PHARMACY OR LICENSED HEALTH CARE PROVIDER, STATING THE NAME OF THE MEDICATION AND THE DOSAGE.

First Reading: 10-5-20  
Second Reading: 11-2-20