

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

The undersigned, in accordance with Wyoming Statute #33-21-154, hereby designate

\_\_\_\_\_ School Nurse and \_\_\_\_\_ and hereby  
(Principal's designee)

authorize these Converse County School District # 1, State of Wyoming personnel to administer the following

medication to \_\_\_\_\_  
(Student Name)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for medication \_\_\_\_\_

Known possible side effects \_\_\_\_\_

Time(s) of administration \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Other medication taken \_\_\_\_\_

Grade \_\_\_\_\_ Physician \_\_\_\_\_ Teacher \_\_\_\_\_

I understand that it is my child's responsibility to report to the nurse for this service. **Prescription and over the counter medication must be in the original labeled container.**

In consideration of District personnel administering such medication, the undersigned hereby release 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 medication, the failure to administrate it, or the improper administration thereof.

I hereby give the school nurse permission to contact the student's health care provider concerning this medication and the medical condition for which it is prescribed if needed.

I have read and understand this authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

Parent or Legal Guardian

In accordance with Wyoming Statute #33-21-154, this form must be signed to authorize school personnel to give medication. Nurse to fill out: Date Med brought to school \_\_\_\_\_ # \_\_\_\_\_