WCSCC
WAYNE COUNTY SCHOOLS **CAREER CENTER**
Education at its Finest

Kip Crain, Ph.D., Superintendent
Mary A. Workman, Treasurer
Matt Brown, Principal

518 West Prospect Street
Smithville, Ohio 44677

High School: 330-669-7000
High School Fax: 330-669-7001
Adult Education: 330-669-7070
Adult Ed Fax: 330-669-7071
Website: www.wcscc.org

AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT

To the Parent:

The following information is **NECESSAR**Y for any student to receive prescribed medication or to receive treatment in school. All spaces **MUST BE COMPLETED**. Please send any medication in the **ORIGINAL PRESCRIPTION BOTTLE.**

NAME OF STUDENT:	D.O.B.:
ADDRESS:	SCHOOL: WCSCC
TRADE:	GRADE:

A. I am requesting permission for my child named above to receive prescribed treatment in the presence of an authorized staff member.

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or prescribed treatment or if I wish to revoke this authorization

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from all liability for damages or injury resulting directly from this authorization.

SIGNATURE OF PARENT:	DATE:
HOME TELEPHONE	WORK TELEPHONE

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LICENSED PRESCRIBERS STATEMENT

To the Prescriber:

The School District requires that all the following information be provided before it will administer medication or treatment to the student named on this form.

STUDENT FIRST NAME:	**STUDENT LAST NAME:**	**D.O.B.:**
STUDENT ADDRESS:		

NAME/DOSE OF MEDICATION PRESCRIBED:	
DOSE TO BE GIVEN:	
PRECAUTIONS/SIDE EFFECTS TO BE REPORTED:	
SPECIAL INSTRUCTIONS:	
BEGINNING DATE:	**ENDING DATE:**

Prescribers Signature:	**Telephone**
Prescribers Printed/Typed Name:	**Date:**

AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above prescribed medication(s) treatment(s) per board policy

Name:	Name:	Name:
Name:	Name:	Name:
SIGNATURE PRINCIPAL/ADMINISTRATOR:	**DATE:**	