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

Kip Crain, Ph.D., Superintendent
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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 NONPRESCRIBED MEDICATION OR TREATMENT (SECONDARY VERSION)

To the Parent:

The following information is **NECESSARY** for any student to use **NONPRESCRIBED MEDICATIONS** in school. **ALL SPACES MUST BE COMPLETED**. Please provide the school with an **UNOPENED BOTTLE**. Opened bottles will not be accepted.

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

A. I am requesting permission for my child named above to receive the following over-the-counter medication(s).

MEDICATION NAME(S):
MEDICATION DOSAGE: As directed on the bottle if anything more a License Prescriber statement must be completed. If you wish a lesser amount to be given, please indicate:

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 treatment.

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

SIGNATURE OF PARENT:	DATE:
HOME TELEPHONE	WORK TELEPHONE

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:**	