


Please remember that all medications need to be picked up by Parent/Guardian at the end of the year.
Unclaimed medication will be discarded.

- I hereby give permission to WC's trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's practitioner with any concerns regarding medication administration. I agree to hold the Wonevot-Center School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.

 **Parent/Guardian Signature:** _____ **Date:** _____

Reviewed By (School Nurse): _____ **Date:** _____

