



K-12 Campus: 1615 Midwestern Pkwy,
Wichita Falls, TX 76302
Pre-K Campus: 4729 Neta Ln,
Wichita Falls, TX 76302
(940) 763-1347
www.wichitachristian.com

Over-the-Counter Authorization Form

Select Over-the-Counter (OTC) medications may be provided, with parent's consent, to treat minor aches and pains, wounds, bug bites, or other injuries or illnesses that may occur throughout the year. Unless parental authorization has been given, OTC medications will not be made available to students unless necessary as part of general first-aid treatment.

Student Name: _____ **Date of Birth:** _____

As the parent/legal guardian of the above-named student, I hereby authorize that the following medications, indicated below, may be administered by designated Wichita Christian School personnel to my student, consistent with the directions and dosages listed on the medication's label, if the need arises. Furthermore, I shall indemnify and hold Wichita Christian School and their personnel harmless against any claims that may arise relating to my student being administered the indicated Over-the-Counter medications.

Additionally, I understand that, although Over-the-Counter medications are made available, all WCS Health Guidelines listed in the Parent/Student Handbook still apply. As such, if my student presents with an elevated temperature, vomiting, diarrhea, skin rash, head lice and/or any other symptom believed to be communicable or preventing my student from participating in regular activities, then my student may be sent home early, denied admittance upon arrival, or required to remain home until a doctor's note is provided.

Initial	Medication	Allow	Note
_____	Acetaminophen	Yes No _____	
_____	Ibuprofen	Yes No _____	
_____	Antibiotic Ointment	Yes No _____	
_____	Hydrocortisone Ointment	Yes No _____	
_____	Sunscreen	Yes No _____	
_____	Bug Repellent	Yes No _____	

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