



Public Health
Prevent. Promote. Protect.

WAYNE COUNTY HEALTH DEPARTMENT

Nicholas Cascarelli, Ed.D. Health Commissioner Eric A. Smith, MD Medical Director

WIC PROGRAM CONSENT FOR CARE FORM

Date: _____ (Expires after 1 year).

Patient Name: _____ **Date of Birth** _____

Patient Address: _____

Please allow the following person(s) to bring my child to their WIC appointment and provide consent to care/ immunizations at the Wayne County Health Department.

Authorized Person(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

My signature below confirms I authorize assessment and treatment/ immunizations of my child.


Print Name: _____ **Date:** _____

Sign Name _____

Vital Statistics – Patient Care - WIC

203 S. Walnut St. Wooster, OH 44691

Phone: (330) 264-9590

Fax: (330) 262-2538 

info@wayne-health.org

Environmental Health

428 W. Liberty St. Wooster, OH 44691

Phone: (330) 264-2426

Fax: (330) 262-8433

ehinfo@wayne-health.org