



Camden
Christian
Academy

The Heart of Education is
Education of the Heart

Authorization for Medication

STUDENT'S NAME _____

GRADE _____

Any known allergies _____

If this form is not completed, signed, and on file in the school office, NO medications will be administered to your child. Please circle yes or no for each medication listed.

- Yes No Non-aspirin pain reliever (tablet or liquid)
- Yes No Cough Drop
- Yes No Antibiotic Cream
- Yes No Benadryl liquid
- Yes No Benadryl tablet
- Yes No Antacid (Tums)
- Yes No First-Aid antiseptic spray
- Yes No Anti-itch cream
- Yes No Ibuprofen

The staff of Camden Christian Academy has my permission to administer the following medication as needed for the temporary relief of appropriate symptoms.

Signature of parent or guardian _____

Date _____