

Camden Christian Academy

1245 California Ave. SW, Camden, AR 71701
Phone 870-836-3716

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 _____