

# 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 \_\_\_\_\_