

# Camden Christian Academy

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

## Authorization for Medication

STUDENT'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_

Any known allergies \_\_\_\_\_

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**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 \_\_\_\_\_