



1814 Euclid Ave Charlotte, NC 28203  
 704-996-8283  
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**NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM**

To the parents or guardian of \_\_\_\_\_ Birthdate \_\_\_\_\_ -

In order to protect your child’s health, your consent and written authorization are required when it is necessary for your child to receive **non-prescription, over the counter medications** while at school. No medication can or will be given to your child at school until authorization has been received. New Authorization forms are required **EVERY YEAR**. It is your responsibility to provide all medication to be administered at school. Each medicine must be in an appropriately labeled with dosage and in its original container.

**Parent or Guardian’s Permission:** I give permission for my child to receive the medication described below while at school. I understand that it is my responsibility to purchase and supply this medication with the appropriate label and dosage in its original container. On behalf of my child, I absolve Kent Academy from any liability whatsoever that may result from my child taking this medication at school.

\_\_\_\_\_

<b>Signature of Parent</b>	<b>Date</b>	<b>Contact number</b>
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€ **By checking this box, I authorize the above typed name to stand as my electronic signature, and submit this form as my intention and will.**

Medication to be given \_\_\_\_\_ Dose/Strength \_\_\_\_\_

Any Specific Directions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pediatrician’s Name \_\_\_\_\_ Phone \_\_\_\_\_

For the safety of all our students, medication supplied to the school will be kept **LOCKED** at all times. NON-PRESCRIPTION medication will only be administered by school faculty. Please do not send any medication with your child to school (in pockets, lunch bags, or backpacks).

**FOR SCHOOL USE ONLY**

