



1814 Euclid Ave Charlotte, NC 28203
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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.

Signature of Parent _____ **Date** _____ **Contact number** _____

By signing below, 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).

