



Salem Christian Academy
Authorization for Administration of
Over the Counter/Non-prescription Medication

Any over the counter/non-prescription medications needed for students will be provided by a parent/guardian. All medications must be in the original unopened container with visible current expiration date. Medication should be clearly labeled with the student's first and last name. Students must have taken provided medication previously; no first dose medication will be given at school.

OTC medications needed longer than two weeks may require a physician's order. I give permission for my health care provider and Salem Christian Academy to send or receive information about this medical record. Salem Christian Academy is not responsible for any ill effects which might occur from medication. I agree to hold Salem Christian Academy harmless for the administration of such medication.

I request that the below medication be given to my child by school personnel.

Name of student _____ Grade _____ DOB _____

Name of Medication _____

Dosage (amount to be given) _____

Time of day to be administered _____

Medication date to be given from _____ to _____

How is it taken? _____

When is the initial dose of this medication taken? _____

Parent/Guardian Signature _____ Date: _____