



Over-The-Counter Medication Form (OTC)
High Point Christian Academy 2021-2022

Student Name _____ Birth Date _____

Classroom/Homeroom Teacher Name _____

*In accordance with North Carolina State Law NC § 115C-375.1, physician authorization and parent permission are required before school employees can administer any OTC medication.

THIS BOX TO BE COMPLETED BY PHYSICIAN

Form with two columns. Left column lists symptoms (Pain, Bee Stings, Upset Stomach, etc.) with checkboxes. Right column contains instructions, weight field, and signature lines for the physician.

PARENT'S PERMISSION

- I do hereby give permission for the above indicated non-prescription medications to be administered to my child...
I do hereby release High Point Christian Academy, its administrators, staff and faculty from any and all damages...
I hereby authorize the school nurse to share this information with High Point Christian Academy staff...

PARENT/GUARDIAN SIGNATURE

Date