

**Cornerstone Christian Academy**

**Medication Authorization Form for Over-The-Counter  
Medication (non-prescription)**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Route (by mouth, nasal, etc.): \_\_\_\_\_

Dose: \_\_\_\_\_

How often or at what time: \_\_\_\_\_

Is this a PRN (as needed) medication?      Yes      No

For what condition: \_\_\_\_\_

I request school staff to administer the medication as described above. I consent to medication administration for my child named above and agree to review and provide special instructions for the administration of the medication to the school staff. I understand that Cornerstone Christian Academy, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 22.052.

\_\_\_\_\_  
Parents Name (Printed)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All signed forms will be valid for one school year. Medication must be delivered to the school by the parent/legal guardian, in the original manufacturer's container.