



500 Biesecker Road
Lexington, NC 27295

To whom it may concern,

I, _____, hereby state that the Medication Authorization
Print Parent/Guardian Name

Form submitted to Davidson Charter Academy on _____ may serve as a substitute
MM/DD/YYYY

for the required Davidson Charter Academy Medication Form for the 2023-2024 academic year. The

Medication Authorization Form, submitted on behalf of _____
Print Student First & Last Name

has all necessary information to wholly and accurately treat my student.

Parent/Guardian Signature

Date (MM/DD/YYYY)

Nurse David Barber Signature

Date (MM/DD/YYYY)