NORTHSHORE CHRISTIAN ACADEMY

Early Learning CenterA Ministry of Northshore Christian Church www.nca.schoolPO Box 5580 ~ Everett ~ WA ~ 98203Phone: (425) 407-1119Fax: (425) 407-1317



## **Medication Authorization Form 2023 - 2024**

Child's Name:	Date of Birth/Age:		
Name of Medication:	Reason for Medication:		
Start Date:	Stop Date (no longer than 1 year out):		
Times to be given:	Amount to be given:		
(*Can NOT be given "as needed")	(*Can NOT be given "as needed")		
Possible Side Effects:	Oral Topical Other		
Above information consistent with label?	Requires Refrigeration:		
	Yes No		
Special Instructions:			

Parent/Guardian Signature

Date

**Daytime Phone Number** 

**Physician Signature\*** 

Date

\*Physician signature not needed for OTC Medications

## **Medical Record**

(Must be filled out by the person who gives the medication)

Child's Name:

## Name of Medication:

Date	Time	Dosage	Signature	Reason NOT Given	Side Effects Observed