

NORTHSHORE CHRISTIAN ACADEMY

Early Learning Center

A Ministry of Northshore Christian Church www.nca.school

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EARLY LEARNING
CENTER

Medication Authorization Form 2024 - 2025

| | |
|--|--|
| 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: (*Can NOT be given "as needed") | Amount to be given: (*Can NOT be given "as needed") |
| Possible Side Effects: | <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other |
| <input type="checkbox"/> Above information consistent with label? | Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Special Instructions: | |

Parent/Guardian Signature

Date

Daytime Phone Number

Physician Signature*

Date

***Physician signature not needed for OTC Medications**

