

Northshore Christian Academy

A Ministry of Northshore Christian Church
5700 – 23rd Drive West ~ Everett ~ WA ~ 98203
Phone: (425) 407-1119 Fax: (425) 322-2386 www.nca.school



Parent Authorization for Over-the-Counter Medication

Student Information:

Student Name: _____ DOB: _____

Teacher: _____ Grade: _____

Over-the-counter medications include but are not limited to ibuprofen, acetaminophen, cough drops, antihistamines, decongestants, medicated creams, medicated lip balms, and non-prescription eye drops. Personal care items such as non-medicated lip balm, hand lotions, non-medicated creams, saline solution for contacts, and soap do not require an authorization form. **Non-adherence to school health policy may lead to the revocation of this authorization.**

<u>Name of Medication</u>	<u>Dosage</u>
_____	_____
_____	_____
_____	_____

OTC medications must be in the original container and labeled with the students first and last name. If OTC medication is needed on an on-going basis an authorization by a licensed health-care provider must be submitted.

Parent/Guardian Information

Parent/Guardian Name: _____

Home phone number: _____

Cell phone number: _____

Work phone number: _____

e-mail address: _____

I request/authorize Northshore Christian Academy to administer medication to the above-named student in accordance with the school health policy for the period from _____ to _____ (not to exceed one calendar school year).

I understand that every effort will be made by the Academy staff to administer the medication in a timely manner.

Permission for middle school student to carry medication. No more than one day's dose can be carried by Middle School students only.
Yes _____ No _____

Northshore Christian Academy accepts no responsibility for reactions when the medication is dispensed in accordance with the labeling instructions. Only oral medication will be administered. The Academy has the right to designate the person(s) responsible to dispense medication on an individual basis.

Parent/Guardian Signature

Date of Signature

School Nurse Signature

Date of Signature