

# NORTHSHORE CHRISTIAN ACADEMY

## Early Learning Center

A Ministry of Northshore Christian Church [www.nca.school](http://www.nca.school)

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EARLY LEARNING  
CENTER

### Medication Authorization Form 2025 - 2026

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Physician Signature\*

\_\_\_\_\_  
Date

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

