NORTHSHORE CHRISTIAN ACADEMY
Early Learning Center
A Ministry of Northshore Christian Church www.nca.school
PO Box 5580 ~ Everett ~ WA ~ 98203
Phone: (425) 407-1119 Fax: (425) 407-1317

EARLY LEARNING CENTER

Medication Authorization Form 2026 - 2027

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:	☐ **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