

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



Authorization for Administration of Medication

Student Name: _____ DOB: _____
Teacher: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE HEALTH CARE PROVIDER

<u>Name of Medication</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Time of Day to be taken</u>
_____	_____	_____	_____
_____	_____	_____	_____

Inhalers: _____
Indicate if student must carry on his/her person

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above-identified oral medication in accordance with the instructions indicated above from _____ to _____ (not to exceed program dates), as there exists a valid health reason which makes administration advisable during school hours. Medically untrained school personnel may administer such medication.

Date of Signature

Health Care Provider Signature

Telephone Number:

Printed Name:

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize Northshore Christian Academy to administer medication to the above-named student in accordance with the doctor's instructions 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 to carry inhaler? Yes _____ No _____ Permission to carry an Epi-Pen? Yes _____ No _____

Northshore Christian Academy accepts no responsibility for reactions when the medication is dispensed in accordance with the physician's 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.

Date of Signature

Parent/Guardian Signature

Telephone Number: Home _____ Work _____