



# Northshore Christian Academy

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

## ASTHMA TREATMENT STUDENT AGREEMENT

Student \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Prescribed Medication(s) \_\_\_\_\_

Medical Action Plan Completed \_\_\_\_\_  
Date

HCP Authorization for Medication Administration at School completed \_\_\_\_\_  
Date

Student Agrees to the following guidelines for the proper handling and storage of prescribed medication:

- Safely carries prescribed medication as needed (to class, PE, sports events)
- Stores medication in locked locker when not needed \_\_\_\_\_  
Locker # \_\_\_\_\_ combination
- Brings prescribed medication on Field Trips
- Able to inform staff of asthma symptoms

This agreement is valid for one school year beginning \_\_\_\_\_ through \_\_\_\_\_. If management needs change for the student or there are concerns, the parent of school nurse will ask for a review.

\_\_\_\_\_  
Student Signature Date

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

\_\_\_\_\_  
School Nurse Signature Date