

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



OTC Medication STUDENT AGREEMENT

Student _____ Grade/Teacher _____ Age _____ Birth date _____

Authorized Medication(s) _____

Parent Authorization for OTC Medication Administration at School completed _____
Date

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

- Safely carries authorized medication
- Stores medication in locked locker when not needed

Locker #

combination

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. If health policy is violated this agreement and parent authorization for OTC medication may be revoked.

Student Signature Date

Parent/Guardian Signature Date

School Nurse Signature Date