

**Northshore Christian Academy**

**Early Learning Center**

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.northshorechristianschools.org](http://www.northshorechristianschools.org)



**Medication Authorization Form**

<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:</b>
<b>Times to be given:</b> <small>(*Can NOT be given "as needed")</small>	<b>Amount to be given:</b>
<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

