

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



## 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 \_\_\_\_\_