Eastern Michigan University Children's Institute Authorization to Administer Medication

I,, the	parent/guardian of,
authorize the Children's Institute to administ	ter the following medication for a period of
(number) days including	(list all dates).
the prescription label. In order for the starschool in the original bottle or container	ff to accept medication for a child, it must be brought to with the prescription label attached. The label must state
medication which includes diaper creams, to or applied only with prior written permission	reatments for allergies, and cough syrup. It shall be given on from a parent/guardian. All medication shall be in its
	possibility of an unknown allergy, the Children's Institute
in my child's classroom or in the kitchen members will help me to properly store the	refrigerator. I understand that Children's Institute staff medication. The information on this form is correct unless
	an epi pen) it will be placed in a closed bag or fanny pack
Name of medication:	Children's Institute to administer the following medication for a period of
Dosage/time/directions for administering: _	
Prescribed by:	Phone:
Signature of Parent/Guardian	(Date)

DATE	TIME	AMOUNT	BY WHOM (signature)
	AM PM		
	AM PM		
	AM PM		1
	AM PM		
	AM PM		
	AM PM		