

Eastern Michigan University
Children's Institute
Authorization to Administer Prescription Medication
Licensing Rule R400.8260

If you are giving or applying any medication to a child in care, the following must be completed by the parent/guardian for each medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY THE PARENT/GUARDIAN

I give my permission for The EMU Children's Institute to give or apply the medication

_____, to my child _____,
(Specify, prescribed medication) (Child's Name)
as follows:

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent/Guardian: _____ Date: _____	

PRESCRIPTION MEDICATION: I understand that the staff will follow the directions printed on the prescription label. In order for the staff to accept medication for a child, it must be brought to school in the **original bottle or container with the prescription label attached**. The prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, name and strength of the medication, and will be given according to those instructions.

ALL MEDICATION: A separate Authorization Form is needed for each medication that your child is to receive. Because of the possibility of an unknown allergy, the Children's Institute staff will give **no** first dose of **any** medication.

STORAGE OF MEDICATION: All medication will be stored in a locked box located in your child's classroom or in the kitchen refrigerator. The Children's Institute staff members will help you properly store the medication. The information on this form is considered correct unless you notify your child's teacher otherwise and submit a new authorization form.

READILY AVAILABLE MEDICATION: If a physician's orders require a medication to be readily available for use with a child (for example, an epi pen) it will be placed in a closed bag or fanny pack that will be carried by the staff when leaving the building.

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

[illegible]