	CHILD MEI		AUTHORIZATION FORM	
Child's Name:	ild's Name:Today's Date:			
Name of medicatio	n to be administer	ed:		
Dosage:		gyervarer o volchafali i i i i i i i i i i i i i i i i i i		
Time to be given: _	and the little with the little	a white the state of the state		
Dates to be given:	From:dd/mn	m/yr	todd/mm/yr	
			Date	
Parent Signature				oumer chillen son
Documentation T	NI II			
Date	Time Administered	Dosage Given	Signature of Caregiver Administering the Medication	
Administered	Administered	Olveil		TOPPY S
				1 1411112

NOTE: Use a separate sheet for each medication to be administered. This documentation is to be kept on file at the center for six months.