

**Child's Name:**

---

**Parent/Guardian's Name:**

---

**Phone number to be reached at if necessary:**

---

	<b>Medication Name</b>	<b>Dosage</b>	<b>Route</b>	<b>Frequency</b>	<b>Prescribing Physician</b>	<b>Indication</b>	<b>Special Instructions</b>
<b>Example</b>	Aleve	1 capsule, 220 mg	By mouth	Every 8 - 12 hours as needed.	OTC (Over the Counter)	Pain Relief	
<b>Example</b>	Levofloxacin	1 tablet, 500 mg	By mouth	Once daily.	Dr. Alex Smith	Sinus Infection	Take with food.
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							

**I authorize leaders of EUM Church to administer medications to my child as listed and directed above.**

**Parent Signature:**

---