Medication form

I, the undersigned,.....

authorize the staff of the Maison Relais / Crèche.....Maison relais EIMAB

managed by Inter-Actions asbl, to administer to my child.....

the following medication(s):

.....

.....

.....

in accordance with the instructions in the medical prescription attached to this authorization.

This authorization is valid for the duration of the treatment,

i.e. from .....to .....(day/month/year)

Place ....., on .....

.....
Signature

Inter-Actions
Développement & Action Sociale