

Administration of individual medication at school

This declaration must be filled in before a pupil is to be given any medication prescribed by a doctor during school hours. Medicines must be in their original packaging.

Surname of pupil:

Name:

Date of birth:

Doctor's prescription

Diagnosis:

Medicine:

Dosis:

Special circumstances:

Date:

Place:

Doctor's signature:

Consent by parents

I/we hereby give the ESF nurses and teachers permission to administer the above medicine to my child.

Date:

Place:

Signature of parents/guardians:
