

EUROPÄISCHE SCHULE FRANKFURT AM MAIN• Praunheimer Weg 126 • D-60439 Frankfurt

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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 teach child.	ers permission to adminis	ster the above medicine to my
Date:	Place:	

Signature of parents/guardians: