STATEMENT Consent to administer medication upon request (= not reserved medical actions)

Dear parent(s)/guardian(s), legal representative(s),

There are children who need to receive medication at school. We believe it is important to manage the care surrounding the medication properly. Therefore, we ask you to fill out the following agreement and to take into account the following arrangements. You can bring this agreement to school on the first school day that the medication needs to be administered along with the medication.

In case of changes regarding the administration of the medication, you must fill out a new consent form. This will invalidate the previous arrangements. You will receive a copy of this completed and signed agreement.

The undersigned grants permission for the administration of the medication(s) described below to:

Name:	
Date of birth:	

Name of parent(s), guardian(s), legal representative(s)	
Phone number home:	
Phone number work:	

Name of general practitioner:	
Phone number:	
Name of specialist:	
Phone number:	

Important:

- In case of multiple medications: Please fill out a separate table for EACH medication.

• Please note: Medication (if in pill form) will be provided weekly in a cassette, always marked with your child's name and, if applicable, the dosage and name of the medication. This cassette is a useful tool for organizing medication.

• Parents are therefore responsible for ensuring the correct dosage is in the cassette. Our staff is responsible for administering it correctly, at the correct time and in the correct manner.



Name of the medication:	
The medication is needed for (disease/condition):	
Medication must be administered daily at the following times:	..... hour .....hour .....hour
The medication may only be administered in the following situation(s):(e.g. allergic reaction, epileptic seizure, etc.)	
he medication must be administered in the following manner:	
The dosage of the medication is: (e.g. 1 tablet, ½ tablet, 1 spray, etc.)	
Storage method for the medication:(e.g. in the refrigerator, dry, dark, etc.)	

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Place: ..... **Date**: .....

Signature of parent(s), guardian(s), legal representative(s):

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