DECLARATION Consent to perform reserved medical procedures

The undersigned gives permission for the performance of the following reserved medical procedure at school at:

Name pupil:	
Date of birth:	

Name parent(s), caregiver(s), legal representative(s)	
Home telephone:	
Work telephone:	

Name GP:	
Telephone:	
Name specialist:	
Telephone:	
Name of medical contact:	
Telephone:	

Description of the disease/condition for which the student requires medical treatment at school:	
Description of the medical procedure to be performed:	

The medical procedure must be performed daily at the following times:
…….. o'clock
…….. o'clock
…….. o'clock

The medical procedure may only be performed in the situation described below:

Way in which the medical procedure should be carried out:

Any additional comments:

Parent(s), caregiver(s), or legal representative(s) are responsible for providing and updating the current protocol; any changes must be communicated directly to the teacher. The teachers will always follow the protocol available at the school.

Signature of parent(s), caregiver(s), legal representative(s) for consent and that school staff has been sufficiently informed about the performance of the reserved medical procedure:

Place: Date:

……..

……..

(This section is filled in by the school):

Declaration of voluntary performance of medical procedures by a school employee is present: yes/no*

A medical protocol (medical procedure instructions) is present at school: yes/no*