

Consent Form for medicine administration

Pupil's name:

Please insert photo



Year:

Date of birth:.....

illness:

Prescribed medication and dose

Storage in a refrigerator† Ja Nein

Mode and time of administration:

Duration of administration:

Side effects that are important to us:

.....
.....

Contact phone number:

I, as a guardian, allow the ESM health service to administer the medication to my child in the above dosage.

Date

Signature