

Annex 4 : Parental authorization form for the SEA to support the child's needs

To be completed with a medical prescription!

I undersigned _____
(name and first name of the father, the mother, the tutor)

mother father tutor of the child _____
(name and first name of the child)

hereby delegates an act of assistance to the staff of the education and reception service (SEA) at the International School. I delegate the administration of the medicine _____ to my child.
(name of the medicine)

Duration of treatment: from _____ until _____ 20__.

Frequency: _____ per day

Quantity each time: _____ (___ tablets / teaspoons / sachets / globules / measures of ___ ml)

- morning lunch afternoon
 before meal during meal after meal

The medicine is to be preserved:

- in the fridge
 at room temperature

The medicine needs, during the course of treatment:

- be taken home
 stay in the SEA department

Parents are required to provide a medical prescription with the exact dose, which is to be given to the child as well as the duration of the medication intake and the child's name on the medication.

This measure applies to all drugs, including homeopathic medicines and those freely available. This copy is to ensure the administration of the medication.

Place and date: _____, the ____/____/20__

Name and signature of a person entitled to the right of education:
