

Administration of individual medication at school

This declaration must be filled in and returned to the school before a pupil is given any medication prescribed by a doctor during school hours. Medicines must be in their original packaging.

Pupil name: _____

Date of birth: _____

Illnesses/diagnoses: _____

Prescribed medication and dose: _____

Storage in a refrigerator needed? Yes No

Mode and time of administration:

Duration of administration:

Side effects or special circumstances to note:

Contact phone number(s):

Parental consent

I/we give the ESK health service permission to administer the above medicine to my/our child.

Date: _____

Place: _____

Signature/s of parents/guardian:

If applicable, please also provide an allergy emergency plan (Notfallplan) from your child's doctor. The plan will be kept at school and made accessible to all staff in contact with your child.