

Annexe 5 : Parental delegation of assistance form

Must be completed and submitted to secretariat of the *Service d'éducation et d'accueil*.

I, the undersigned _____, hereby delegate an act of assistance to the educational staff of the *Service d'éducation et d'accueil* Ettelbruck

I delegate the administration of the medicine _____

to my child _____

Duration of the treatment: from _____ to _____ 20__.

Frequency: _____ per day.

Amount to be taken at one time: _____ (_____ pills / teaspoons/ tablespoons/ sachets /globules _____ ml)

morning midday afternoon

before meals during meals after meals

The medicine should be kept:

- in the fridge.
- at room temperature.

For the duration of the treatment, the medicine has to:

- be taken back home every day.
- remain at the *Service d'éducation et d'accueil*.

Please put the child's name on the medicine.

Parents are required to provide **a medical prescription** specifying the exact dosage and the duration of the treatment and to put the child's name on the medicine.

This rule concerns all medicines, including homeopathic ones and those available over the counter.

This form is essential to ensure that the prescribed medication can be administered to your child.

Date and signature : _____