

**PARENTAL AUTHORIZATION FORM  
FOR ASSISTANCE REGARDING THE ADMINISTRATION OF MEDICATION**

I, the undersigned \_\_\_\_\_ mother/father of the child \_\_\_\_\_

expressly request and authorise the educational staff to administer to my child for the period from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (inclusive), the following medication(s)

| Name of the medication/drug | Mode of administration* | Quantity<br>ml, tablets, tablespoons | ... once a day | Time<br>before/after meal, time |
|-----------------------------|-------------------------|--------------------------------------|----------------|---------------------------------|
|                             |                         |                                      |                |                                 |
|                             |                         |                                      |                |                                 |
|                             |                         |                                      |                |                                 |
|                             |                         |                                      |                |                                 |

(\*mode of administration: oral, suppositories, application of ointments, nasal spray or drops, ear drops, eye drops)

**A doctor's dated prescription made out in the child's name detailing the medication to be administered is mandatory and must be provided by the parent(s) to the staff of the childcare center beforehand.**

The parent(s) must provide the staff of the childcare center with the medicine in the original packaging (marked with the child's name and surname) marked with the administration instructions. The childcare service provider accepts no responsibility for any side effects resulting from the correct administration of the medicine by its staff.

If it is a medicine that is only given in an emergency, the instructions regarding the situation in which the medicine is to be given must be described in writing in a way that is understandable to a non-health professional.

I expressly agree that the childcare service provider CJF Lëtzebuerg asbl may process data regarding my child's attending physician, health status, administration of medication and doctors' certificates and prescriptions as required to provide the childcare services and to safeguard the health of the children and staff at the childcare center.

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of parent(s)

\_\_\_\_\_