



Hereby gives(name parent/guardian)

parent/guardian of (name child)

permission to administer his/her child medication/self-care remedy listed below during the stay at Bink.

1. Name medication:

2. Het medication should be provided:

fromto

With prolonged use:

expiration date medication:

planned assessment administration:(date/dates)

3. Dosage:

4. Moment/Time:

Hour	8	9	10	11	12	13	14	15	16	17	18

5. Method of administration¹: through: mouth nose eye ear skin

anal other

.....

6. Special directions: sitting; on the lap; lying down; standing up;

.....(number of) minutes before/after the meal; do not administer with milk products

¹ tick all that apply



7. The medication should be stored:

in the refrigerator or any other place

8. Health centre / general practitioner:(name)

9. In case of emergencies:(phone nr)

The pedagogical staff member will act accordingly as well as possible, moreover without thereby making Bink, staff or other employees liable for possible consequences of failing to act accordingly. The parents indemnify Bink for providing incorrect instruction.

For approval,

Date:

Signature:

Name parent / guardian:

For read and approval,

Date:

Signature:

Name pedagogical staff member:

