



Annex 6 : Parental delegation of an act of assistance

Must be completed and submitted to the person in charge of the Service d'éducation et d'accueil.

Child's name : _____ Cycle : _____

Class of Mrs/Mr. : _____

I, the undersigned _____, hereby delegate an act of assistance to the educational staff of the Service d'éducation et d'accueil Strassen. I delegate the administration of the medicine to my child.

Name of the medicine : _____

Duration of the treatment: from ____/____/20____ 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.

Important !

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.

Phone number of one of the parents : _____

Date : _____ Signature : _____