

Annex 5: Parental delegation of an act of assistance

Must be completed and submitted to the person in charge of the SEA

I, the undersigned _____, hereby delegate an act of assistance to the educational staff of the SEA Leudelange. I delegate the administration of the medicine _____ to my child _____

Duration of the treatment: from the ___/___/20___ to the ___/___/20___.

Frequency: _____ per day.

Amount to be taken at one time: _____

(pills / teaspoons/ tablespoons/ sachets /globules/ml)

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> morning | <input type="checkbox"/> midday | <input type="checkbox"/> afternoon |
| <input type="checkbox"/> before meals | <input type="checkbox"/> during meals | <input type="checkbox"/> 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 SEA

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: _____