Amersfoort International School
AnnoNu

MEDICINE TO BE ADMINISTERED

Parental consent for the administration of medicine or treatment to children

Child's name: _____ PYP:_____

Date of birth: _____

Instructions (timing, quantity, method and duration of treatment):

_____

_____

_____

(*please attach any note from GP or Consultant)*

NB: delivery of medicines to school should be made by the parent or by another adult acting on behalf of the parent.

I/We agree that:

- The treatment may be administered by persons without medical qualifications.
- The school will be notified immediately in the event of any change in circumstances relating to the treatment.

I/We acknowledge that the school cannot guarantee compliance with the treatment directions and that the school will not be liable for any shortcomings.

Signed: _____ Date: _____

This medication was administered by:		
Name:	Date:	Time:
Name:	Date:	Time:
Name:	Date:	Time:

Noordewierweg 235 | 3812 DH Amersfoort
The Netherlands
+31 (0)6 57 25 70 60
contact@amersfoortinternationalschool.nl
www.amersfoortinternationalschool.nl
Kamer van Koophandel 41188779