

Form use medicines

1. (name parent):

parent of (name child)

hereby requests that the below-mentioned medicine is administered to the above-mentioned child.

2. Name medicine:

3. The medicine is provided on the order of:

name and phone attending doctor:

name and phone pharmacy:

on indication of parent itself

4. The parent has administered a new medicine to the child first at home (allergic reactions!) YES NO

5. Description of the illness or condition for which the medicine is needed

.....

6. The medicine must be administered from:

(start date)..... till (end date)

7. Dosage:

8. Time: 8 9 10 11 12 13 14 15 16 17 18 hour

9. Method of administration:.....

Special instructions:.....

11. The medicine must be kept in the following place:.....

12. The use-by date of the medicine is:

(best before date)

For agreement

Place: Date:

Signature parent:

Name pedagogical staff member:

Signature pedagogical staff member: