GOBIERNO DE ESPAÑA
MINISTERIO DE EDUCACIÓN Y FORMACIÓN PROFESIONAL
ACCIÓN EDUCATIVA EXTERIOR
50 ANIVERSARIO
INSTITUTO ESPAÑOL VICENTE CAÑADA BLANCH

Growing together to achieve international success

PARENTAL AUTHORIZATION FOR MEDICATION ADMINISTRATION

The staff of the school will not administer medicines to the students without completing this questionnaire and, in any case, will act as instructed in the School medicine policy, available on the website.

Student's name: _____Level:_____ Date of birth: _____	
Medical condition	
Name and type of medicine (as described in the package insert)	
Expiry date	
Dosage and form of administration	
Frequency / dispensing until (date of last dose)	
Additional / Special Precautions	
Side effects the school should be aware of	
Self-administration by students	☐NO ☐YES
Process to follow in case of emergency	
Date of delivery of the medication to the school's secretariat	…..… of ……..…… 20…..

The information provided is correct at the time of signature and I give my consent to the school and its staff to administer such medication as provided in its medication policy. I also agree to modify such information in writing at any time there is a change in dosage, frequency or discontinuance.

☐ **I DECLARE RESPONSIBLY, pursuant to Article 69 Law 39/2015, that all the data set out above are true and that all the supporting documentation attached is original or copy of original documentation.**

London_____ of _____ 20__

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