

Authorization form for the administration of medication/drugs in case of a high fever
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I/we, the undersigned: (surname(s), first name(s)):

mother/father/legal guardian of the child (surname, first name): _____

expressly authorize the staff of the childcare service provider Caritas Jeunes et Familles asbl

to administer in case of a high fever (temperature to be indicated.....) to my child the following medication:

in case I cannot get to the childcare center within half an hour of the phone call.

I am obliged to provide the childcare center in advance with the medication prescribed by the paediatrician together with a copy of a valid prescription (as attached). I have the duty to collect my child as soon as possible after receiving a phone call from the staff of the childcare center notifying me that my child is unwell. I am aware that lowering the temperature and pain by medication may mask potentially serious causes.

I expressly agree that the childcare service provider Caritas Jeunes et Familles asbl may process data regarding my child's attending physician, health status, administration of medication and doctors' certificates and prescriptions as required to provide the childcare services and to safeguard the health of the children and staff at the childcare center.

Date :

Signature of the parents or other legal guardian(s) :
