

Administering medication in emergencies

(Legal basis § 66b para. 2 of the Education Act (Schulunterrichtsgesetz))

Name of child:

born on

School:

Class:

I acknowledge that in the event of an emergency the teachers listed below in particular may administer the medication listed below according to the medical emergency plan and may initiate other measures according to the emergency plan (e.g. positioning).

1)Signature:

2)Signature:

3) if several are named, see attached list

I have informed the teachers of the necessity to administer the emergency medications below due to the following illness or allergy

.....

and have discussed with them in detail the emergency situation in which the medication listed below should be administered to my child. I will provide the medication in proper condition in its original packaging to the authorised teacher, including the information leaflet, and will replace it on time. I will remain in regular contact with the teachers and always provide them with an updated and detailed emergency plan as well as at least two current telephone numbers to contact me.

Telephone 1:

Telephone 2:

.....
Place, date

.....
Signature of the pupil of full mental capacity

.....
Place, date

.....
Signature of the legal guardian

The medication listed below must be taken/administered as follows:

Name of medication	Administration method	Dose

.....
Place, date

.....
Name and signature of physician