

## Agreement on administration of medication

(Legal basis: § 66b of the Education Act and § 50a of the Physicians Act  
(Ärztegesetz) 1998)

Name of child: .....

born on .....

School: .....

Class: .....

### Authorisation by legal guardians:

I hereby authorise the teachers

1).....

2) Substituted.....

to administer the medication listed below to my child at the stated times/to monitor the intake of the medication (strike out as appropriate). 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. The teacher will always receive my current telephone number for any questions.

.....  
Place, date

.....  
Signature of the legal guardian

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

Name of medication	Time	Administration method	Dose	Duration of administration

I have transferred the medical activity/activities stated above according to § 50a of the Physicians Act (Ärztegesetz) 1998 (see transfer declaration).

.....  
Place, date

.....  
Signature and stamp of the physician