

Agreement on medical activity

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

Name of the child:

born on

School:

Class:

I hereby authorise the following teachers (please name individually and sign;
if several are named, please attach list of names with signatures)

1).....Signature:

2)..... Signature:

3) if several are named, see attached list

carry out the activities listed below for my child according to the transfer of medical activity until
revocation.

.....
.

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

.....
.

.....
Signature of the legal guardian

To be filled out by the physician:

The following activities must be carried out at the stated times/if required (strike out as applicable):

Type of activity (e.g. blood pressure measurement, administration of tube feeding, etc.)	Time

I have transferred the above medical activity in accordance with
§ 50a Physicians Act (Ärztegesetz) 1998 (see transfer declaration).

.....
Place, date

.....
Name and signature of physician