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## Delegation of an act of aid

### Administration of medicine

Form SEA-12

*Please complete a new form «Delegation of an act of aid” for each prescription*

I, the undersigned \_\_\_\_\_ and \_\_\_\_\_  
First name and Surname of legal guardian of the child

Request that my child \_\_\_\_\_ and \_\_\_\_\_  
First name and Surname of the child Identification number

by medical prescription from Dr. \_\_\_\_\_  
Name of doctor

### Medicine 1:

Administration of medicine \_\_\_\_\_  
Name of medicine

- My child is on **temporary** medication.
- My child is taking medication on a **regular** basis.
- My child is in an emergency situation (following an emergency protocol or an Individualised Support Plan (PAI)).

According to the medical prescription for **this illness**, the medicine is to be administered as follows:

from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)  
 to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date).  
 \_\_\_\_\_ times per day,  
 at the following times: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (a.m. / p.m.)  
 The medicine must be kept in a fridge:  yes  no.

### Comments:

## Medicine 2:

Administration of medicine \_\_\_\_\_  
Name of medicine

- My child is on **temporary** medication.  
 My child is taking medication on a **regular** basis.  
 My child is in an emergency situation (following an emergency protocol or an Individualised Support Plan (PAI)).

According to the medical prescription for **this illness**, the medicine is to be administered as follows:

from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)  
to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date).  
\_\_\_\_ times per day,  
at the following times: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (a.m. / p.m.)  
The medicine must be kept in a fridge:  yes  no.

## Comments:


## Authorisation:

I hereby authorise the staff of the education and childcare Service (SEA), responsible for my child's care, to administer the medicine(s) described above.  
I hereby certify that the medication has been prescribed by the treating doctor for my child's current illness.  
I am aware that it is my responsibility to keep the information concerning my child's state of health up to date and to inform the SEA immediately in writing of any significant change concerning the administration of these medicines to my child.  
This authorisation expires on the date on which the medical prescription expires and at the latest on 14.09 of the current school year.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian

**!! Must be attached:**

- the medical prescription in question
- the information leaflet for the medicine
- the medicine doser (spoon, etc.)

For administrative use	
Form submitted	on ____ / ____ / ____ at ____ a.m. / p.m.
Submitted (via/by/in)	<input type="checkbox"/> email <input type="checkbox"/> post <input type="checkbox"/> hand <input type="checkbox"/> letterbox vestibule  _____