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Request for a delegation for an act of assistance

Distribution of medicine

Form SEA-06

Please complete a new "Request for a delegation for an act of assistance" for each prescription.

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

request that my child _____
First name and Surname of child Child's registration number

By medical prescription from Dr _____
Name of doctor

Medicine 1 :	
Administration of medicine _____ <small>Name of medicine</small>	
<input type="checkbox"/> My child is undergoing temporary medical treatment. <input type="checkbox"/> My child is undergoing regular medical treatment. <input type="checkbox"/> My child is in an emergency situation (following an emergency protocol or an individualised care plan (PAI)).	
According to the medical prescription for this illness , the medicine should 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 <input type="checkbox"/> yes <input type="checkbox"/> no.
Comments	

Medicine 2 :

Administration of medicine _____
Name of medicine

My child is undergoing **temporary** medical treatment.
 My child is undergoing **regular** medical treatment.
 My child is in an emergency situation (following an emergency protocol or an individualised care plan (PAI)).

According to the medical prescription for this illness , the medicine should 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 <input type="checkbox"/> yes <input type="checkbox"/> no.
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Comments

Authorisation

I hereby grant a delegation for an act of assistance to the staff of the education and childcare service (SEA) responsible for looking after my child, so that they can administer the above-mentioned medicine(s) to my child. I hereby certify that the medicine was prescribed by the relevant doctor for an illness that my child is currently suffering from.

I am aware that it is my responsibility to update the information concerning my child's state of health and to inform the SEA immediately in writing of any important changes concerning the administration of these medicines to my child.

This authorisation shall expire 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 _____

- !! Obligatory attachments:**
- the medical prescription in question!!
 - the information leaflet of the medicine
 - the doser (spoon, etc.) for the medicine

For administrative use	
Form submitted	on ____/____/____ at _____ a.m./p.m.
Submitted via	<input type="checkbox"/> E-mail <input type="checkbox"/> post <input type="checkbox"/> delivered by hand _____