



NEWTON  
COLLEGE

PART OF  ISP SCHOOLS

## MODEL A" AUTHORISATION

**This authorisation is compulsory in order to be able to administer any medication sent into school from home, in the event of occasional or serious illness. This authorisation must accompany a medical prescription.**

Mr. / Mrs \_\_\_\_\_ , with N.I.E. \_\_\_\_\_ ,

### **AUTHORISES:**

**LAUDE NEWTON COLLEGE** which belongs to **COLEGIOS LAUDE, S.L.** with VAT no. C.I.F. B-84600188, to administer the prescribed medicine to pupil \_\_\_\_\_ , from year group \_\_\_\_\_ , exonerating the School's personnel from any responsibility for the application of the aforementioned treatment.

Name of medicine: \_\_\_\_\_

\_\_\_\_\_

Doses: \_\_\_\_\_

\_\_\_\_\_

Time of administration of medicine: \_\_\_\_\_

Duration: \_\_\_\_\_

Place where medicine is kept: \_\_\_\_\_

So that it may be recorded, I sign at the place and date stipulated below:

in \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

Signature of  
father/mother/guardian \_\_\_\_\_  
\_\_\_\_\_

