



## Medication Permission

I hereby give the staff of Three Little Ships Preschool and Lighthouse Special Education school permission to administer medication to my child:

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription: \_\_\_\_\_

I hereby declare that the staff of The Three Little Ships and Lighthouse is not responsible for any consequences that may arise during or after giving medication. The staff are also not responsible if the medication has not been given due to failure of administration.

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

Parent Signature: \_\_\_\_\_

*Medication should be provided in the original packaging from the pharmacy with the child's name on it. The dosage and (original) instructions for administration in Dutch or English should also be provided.*

*The privacy policy of Three Little Ships can be found on the website <https://threelittleships.nl/parent-information/policies/>. It describes how TLS deals with personal data.*