



Subject: MEDICATION ADMINISTRATION AT ESMOL

Dear parent(s),

Underneath you will find a form to report your child needs to take medicine while at school.

The schoolnurse cannot administer medication if the form isn't filled in/signed.

Please, fill in the form and hand this form over to the schoolnurse or the classteacher.

Thank you very much for your cooperation.

Kind regards,

The School Nurse,

De Baere Tinne

MEDICATION ADMINISTRATION

STUDENT

Family name:

.....

First Name:

.....

Language section: F ENA NL (circle what applies)

Class: M1 M2 (circle what applies)

MEDICINE

Product name:

Time:

before having food after having food (circle what applies)

Route of administration (circle what applies):

mouth ear nose other:

Dose :

Frequency of administration (including start and stop date of administration):

.....

Explicit consent for the processing of health data

The European School of Mol, committed to the requirements set out in the General Data Protection Regulation, would like to ask you for your explicit consent to process your child's health data contained in this medical form.

The information will only be processed by the school's health care staff and the emergency services in case of an accident and will be kept securely and destroyed 10 years after your child has left the school. The purpose of this form is to provide information about the pupil's health so the medical professional can provide the necessary care when needed.

You can find out more about how the school handles personal data by reading the Privacy Statement on the school's website: Privacy Statements - MOL.

In accordance with the European Regulation n°2016/679/EU of 27 April 2016 you may at any time exercise your rights of access, rectification, opposition, and erasure of your data by contacting our Data Protection Officer: MOL-DPO-CORRESPONDENT@eursc.eu

If you consider that the European School of MOL has not complied with the data protection laws applicable (including the GDPR) or that your rights have been infringed as the result of the processing of your personal data, you have the right of recourse and can contact the National Supervisory Data Protection Authority.

I _____ as the child's parent/legal representative give my explicit consent for my child's health information to be processed by the medical staff of the European School Brussels I.

Done at _____ the _____

Signature of parent/legal representative: