

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

As you are already aware, it is not advisable for medical treatment to be carried out at school. If, however, the pupil has to take a dose of medication during school hours, the parents must authorise this by written authorisation using the attached form.

The Management.

Mr or Mrs ..... with ID num. ....

as mother/ father/ tutor of the student ..... school level .....

I AUTHORISE the staff of the Peter Pan School, exempting them from any responsibility, to administer the following medication ..... at this time .....

this dosage ..... the following days .....  
.....

Barcelona, ..... of .....20....

Signature of the authorising person:

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**Basic information on personal data protection**

**Responsible:** Júlia Castells Foundation - Els Arcs Foundation.

**Purpose:** Dissemination of the schools and the activities proposed by the foundations.

**Legitimation:** Consents of the interested parties.

**Recipients:** They will not be transferred to any third party, except for legal obligation

**Rights:** You can withdraw consent, access, rectify or delete the data, as well as exercise the rights mentioned in our Privacy Policy.

**Additional information:** For more information, consult the Privacy Policy that you will find on our website peterpan.cat

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