



**INFORMATION AND CONSENT DOCUMENT FOR THE ADMINISTRATION OF  
MEDICATION IN LA CASA DE LA LUZ:**

Mr/Ms..... DNI.....

Phonenumber.....

As parent/guardian of the student..... imatriculated at the Casa de la Luz Tarifa, communicates to the accompanying persons the need to administer the..... prescribed by your pediatrician/specialist, attaching a prescription with dose and frequency.

I request and AUTHORIZE the school, the administration of the medication..... qThe Centre and the accompanying persons are EXEMPT from any RESPONSIBILITY that may arise from such action.

Tarifa, ..... de 20.....

Sign.....