

Windhoek, 21.11.2024

Administration of medication

Dear Parents

This letter is to inform you about the procedure of drug administration and the interaction with sick children.

In principle, the following applies:

Sick children should not attend the facility.

The daily routine at the DHPS Kinder-Campus is strenuous for children who are weakened by illness. Any resulting overexertion can have a negative effect on the course of the illness and possibly lead to a worsening of the condition.

In addition, the risk of infection should be avoided.

Children suffering from e.g.

- fever
- diarrhoea
- vomiting
- an infectious disease
- sore eyes
- coughing and runny nose over a longer period of time
- a childhood disease or similar

are not allowed to attend the kindergarten or pre-school. We reserve the right to inform you if there is a reasonable suspicion of illness and ask you to pick up your child.

As a rule, educators will not administer any medication to the children. The only exceptions are chronic diseases, e.g. asthma, diabetes or emergency treatment for severe allergies (prior training of educators is mandatory). In this context, we refer to your obligation to report and ask the parent(s) or legal guardian(s) concerned to complete the approval form with the exact details of the medication.

Thank you for your understanding and cooperation.

With kindest regards



Nils Osewold

Leitung DHPS Kinder-Campus
HoD DHPS Kinder-Campus

Authorisation by parent(s) or legal guardian(s)

I,

[Name of parent(s) or legal guardian(s)]

herewith authorise the educator _____ and

his/her representative

1. the educator _____

2. the educator _____

at the following day care centre:

DHPS Kinder-Campus, Churchsteet 11-15, Windhoek

to administer the following medication to my/our child

[Name of the child]

at the times indicated.

Place, date

Signature of parent(s) or legal guardian(s)

Exceptional case: Administration of medication

Surname, first name of the child

Date of birth

Group

The following medicines must be taken at the above mentioned times

	_____	_____
	Name of the medicine	Name of the medicine
In the morning	Time _____ Dosage _____	Time _____ Dosage _____
At lunchtime	Time _____ Dosage _____	Time _____ Dosage _____
In the afternoon	Time _____ Dosage _____	Time _____ Dosage _____
Remark/duration of administration		

Date and signature of the parent (s) /legal guardian(s) _____