**CURSET ESTADA**

**ESCOLA D’ESQUÍ NÀUTIC XAVI MILL** 🟉 CLUB ESQUÍ VENTALLÓ

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|  | autorització per prendre un medicament |   |

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Jo en/na \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

amb DNI \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ com a \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

d’en/na \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

AUTORITZA al personal responsable de l'escola d’esquí nàutic Xavi Mill, a administrar els medicaments que segueixen amb les dosis que s’especifiquen.

L’escola queda totalment exclosa de responsabilitats pels efectes que aquesta medicació pugui ocasionar.

**Data** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Signatura del pare/mare o tutor** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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| MEDICAMENT  | DIA | HORA | DOSI | HORA | DOSI | HORA | DOSI |
|  | diumenge |  |  |  |  |  |  |
|  | dilluns |  |  |  |  |  |  |
|  | dimarts |  |  |  |  |  |  |
|  | dimecres |  |  |  |  |  |  |
|  | dijous |  |  |  |  |  |  |
|  | divendres |  |  |  |  |  |  |

És imprescindible que a l’envàs del medicament s’indiqui el nom de l’alumne, l’hora de l’administració i la dosi.

En cas d’urgència, avisar a:

1. Nom \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ­­­\_ \_ \_ \_ \_

Telèfon de contacte \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

1. Nom \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Telèfon de contacte\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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