Medicatie op kamp KLJ Wolfsdonk

Naam lid: …………………………………………………………………………………………………………………………………………….

Leeftijdsgroep lid: ………………………………………………………………………………………………………………………………

Behandelende arts (naam en GSM): ……………………………………………………………………………………….

Medicatie ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………...................Indicatie ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………Toedieningswijze en opmerkingen ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………

Ik, ………………………………………………………………… (voogd) geef hierbij toestemming dat de leiding van KLJ Wolfsdonk van ……………………. tot ……………………. (kampdata) bovenstaande medicatie mag toedienen zoals hier voorgeschreven aan ……………………………………………………………………… (naam lid)

Datum Handtekening