

Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_con DNI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

padre, madre o tutor legal, de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTORIZO** a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ con DNI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Monitor/a perteneciente a la Asociación Mírame, a suministrar a mi hijo/a la siguiente medicación:

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| **HORARIO** | **MEDICAMENTO** | **POSOLOGIA** |
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Para que surta los efectos, firmo en \_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 2019

Fdo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_