

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:

|  |  |  |
| --- | --- | --- |
| **HORARIO** | **MEDICAMENTO** | **POSOLOGIA** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Para que surta los efectos, firmo en \_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 2020

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