

To the school manager

To the IC Grazzanise

AVAILABILITY TO GIVE DRUGS TO THE STUDENTS

I undersigned _____ teacher/ school employee,

able to emergency aid,

considering the request of the parents of the student _____ enrolled in the class _____ of the:

Primary school, building _____

Secondary school, building _____

declare

My availability to give the drugs/ life-saving drugs specified in the treatment plan, following the instructions specified there.

Date

Sign
