



Medical Certificate

Annexe to the individual chart

Undersigned, medical doctor,

Declares hereby that (surname and name of the participant):

.....

Born on:

Is allowed to participate in the activities of the youth movement and should take following medicine :

Name medicine:

Dosage (quantity and frequency day/hour):

Method:

by the leaders

independently

by a nurse/care giver

Place o keep: (e.g. fridge)

by the leaders

independently

If required, last day of the treatment:.....

Medicine is required because of:

It is important that the leaders are aware of the following possible side effect'

.....

Overview on verso (e.g. with multiple medicine)

Telephone number doctor:

Done on (location): on (date):

Signature and stamp of the doctor:

