



Appendix 1

Medical Condition and a Request to authorise a member of staff to administer medicine:

I/ We, the parents/guardians of _____, request the Board of Management of Gaelscoil Riada to authorise a member of staff to administer medication to my/our child.

Enclosed is a letter providing the following information:

1. Child's personal details
2. Details of the condition & name of medication
3. Symptoms of the condition and circumstances under which the medication is to be given
4. Arrangements for the administration of medicines- to include measures such as self-administration, administration under parental supervision or administration by school staff.
5. Procedures to be followed in the administration of the medication (see Appendix 3)
6. Procedures to be followed in the storing of the medication
7. Expiry date of Medicine and procedures for collection/disposal of medicines

Following **confirmation of any change in medical condition**, I/we will inform the Principal/Deputy Principal (in the absence of the Principal) and the Board of Management in writing if there is **any alteration in the administration of medicines or emergency procedures**.

I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts must be brought in daily. (Unless medicine is to be stored in classroom in case of an emergency)

I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition.

I/We understand that no school personnel have any medical training (apart from Feetac Level 5-Occupational First Aid) and we indemnify the Board Management and its agents from and against all claims that could arise from the administration or failure to administer the said medicines

Signed _____ Date: _____
Parent/ Guardian

Signed _____ Date: _____
Parent/ Guardian



Appendix 2

Allergy Details

Name Of Child: _____

Class: _____

Type of Allergy: _____

Reaction Level: _____

Medication: _____

Storage details: _____

Dosage required: _____

Administration Procedure (When, Why, How)

Signed: _____

Date: _____



Appendix 3
Symptoms & Procedures

In the event of _____ displaying any symptoms of his medical condition
_____, the following procedures should be followed:

Symptoms:

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Procedure:

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To include:

- *Dial 999 and call emergency services.*
- *Contact Parents*

Further Details:

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| |

Signed: _____ **Date:** _____



Appendix 4

Record of administration of Medicines

Pupil's Name: _____

Date of Birth: _____

Medical Condition: _____

Medication: _____

Dosage Administered: _____

Administration Details (When, Why, How)

Signed: _____

Date: _____