Gaelscoil Riada

Appendix 1
Medical Condition and Administration of Medicines

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition:_____

_____

Prescription Details:_____

_____

Storage details:_____

_____

Dosage required:_____

_____

Is the child to be responsible for taking the prescription him/herself?

_____

Is an authorised staff member requested to administer the medication or to monitor self-administration as appropriate?

Please tick:

Yes	Please fill in appendix 3	Administration procedures
No	Please fill in appendix 3	Symptoms to look out for

I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well-being of my/our child.
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 from any liability that may arise from the administration of the medication.

Signed _____ Parent/Guardian
_____ Parent/Guardian
Date _____

Gaelscoil Riada

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: _____

Gaelscoil Riada

Appendix 3
Symptoms & Procedures

In the event of _____ displaying any symptoms of his medical condition

_____, the following procedures should be followed:

Symptoms: _____

_____

_____

_____

_____

Procedure:

1: _____

2:_____

3:_____

4:_____

5:_____

6:_____

To include: ***Dial 999 and call emergency services.***
Contact Parents

Further Details:

_____
_____
_____
_____
_____
_____
_____

Signed:_____

Date:_____

Gaelscoil Riada

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: _____