



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: _____

4) 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? (The likes of inhalers should be taken by the child themselves, unless there is a particular reason for not doing so. Please specify)

What Action is required

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 wellbeing 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 be brought in daily. 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 and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed _____ Parent/Guardian

_____ Parent/Guardian

Date _____



Appendix 2

Allergy Details

Type of Allergy: _____

Reaction Level: _____

Medication: _____

Storage details: _____

Dosage required: _____

Administration Procedure (When, Why, How)

Signed: _____

Date: _____



Appendix 3

Emergency Procedures

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

Symptoms: _____

Procedure:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

To include: Dial 999 and call emergency services.

Contact Parents



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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: _____