



Curraheen Road, Bishopstown, Cork.

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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: _____

What signs/symptoms may indicate your child is in need of this medication:

Dosage required: _____

What Action is required: _____

Is your child to be responsible for taking the prescribed medication himself/herself?

_____ I/We request that the BOM 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 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 has any medical training and we indemnify the BoM from any liability that may arise from the administration of the medication.

Signed: _____ **Parent/Guardian**

_____ **Parent/Guardian**

Date: _____



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Appendix 2

Allergy Details

Type of Allergy: _____

Medication: Storage details: Dosage required: _____
Administration Procedure (When, Why, How)

Signed: _____ Date: _____

Appendix 3

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

Symptoms: Procedures:

To include: Dial 112 and call emergency services. Contact Parents/Guardians/Emergency Contact
