

ST.FELIM'S NATIONAL SCHOOL

SN Leiter, Coill an Chollaigh, Co. Cabhain

Roll No. 18564W

Principal:

Mrs. Cathriona Molloy

LEITER

Phone/Fax: 042-9665605

BAILIEBOROUGH

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CO. CAVAN

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Appendix 1- Health/Medication Form

Personal Details

Child's Name:	Child's Address:
Child's Date of Birth:	Child's PPS Number:

Medical Details

Medical/ Allergy Condition	
Symptoms	
Prescription /Medication Details:	

Administering Arrangements

	Yes	No
Is your child to be responsible for self- administering prescription medication him/herself in school?		
Are you requesting for a member of staff to administer prescription medication?		

Administration Procedure

If a staff member is being to requested to administer prescription medication please provide the following details: What action is required?: Administration Procedure (When, Why, How).

When?	
Why?	
How? Including dosage	
Storage Details	

Emergency Contacts

In the case of an emergency the school will immediately: ***Dial 999/112 emergency services and then call emergency contacts for the child thereafter***

Name:	Phone:
Name:	Phone:
Name:	Phone:
Child's Doctor:	Phone:

Consents	Yes	No
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 have provided the school with a letter from a medical doctor outlining the need for such prescribed medicines in school.		
I/We liaised with the Principal on this matter and have arranged for teachers to be specifically trained by a nurse or medical professional for the specific administration of the above medicine. It is my/our responsibility as the parent(s) to organise staff training for the administration of my/our child's prescriptive medicine in advance of our child coming to school with specific prescription medicines.		
I/We understand that the school will do its best to ensure the safe storage of prescription medicines.		
I/We understand that we must inform the school/ Principal of any changes of medicine/dose in writing from a medical doctor and that we must inform the new teacher each year of the prescription/medical condition of my/our child and that this is not presumed information as it may change from year to year.		
I/We understand until we have received confirmation from the Principal/School Office that we may not assume all arrangements are in place for the administration of prescription medicine		
I/We understand that regarding all school personnel we indemnify the Board from any liability that may arise from the administration of the medication.		

Signed: _____ Date _____
Parent/Guardian

Signed: _____ Date _____
Parent/Guardian

School Principal/Office Use Only

All questions and sections have been completed	
Parents have been informed that the school has all arrangements in place for the administration of prescription medicine for this child	