



Our Lady's Grove Primary School

Administration of Medication Request Junior Infants 2020 - Class 2028

Note: To be completed by Parents/Guardians

Date form completed: _____ Date for review: _____

Child's Information

Name of child: _____ Class: _____

Date of Birth: _____ Age: _____

Address: _____

Teacher's Name: _____ Room No: _____

Siblings in the school: _____

Name: _____ Class: _____

Name: _____ Class: _____

Family Contact 1:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

Family Contact 2:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

GP/Family Doctor:

Name: _____ Phone: _____

Consultant

Name: _____ Phone: _____

Condition information for: _____

3. Details of the child's condition(s) signs and symptoms

Triggers or things that make this student's condition(s) worse:

4. Regular Medication

5. Activities - Any special considerations to be aware of?

6. Any other information relating to the child's health care in school?

The school may contact the person named below for further information or training.

7. Name of Hospital Nurse for the child

Name: _____

Address: _____

Phone: _____

Parental agreement (please tick the correct reply)

I agree or I do not agree that the medical information contained in this plan may be shared with all those involved in my child's care, including emergency services.
I understand that I must notify the school of any changes in writing

Signed by parent: _____

Print name: _____

Date: _____

Permission for emergency medication (please tick correct reply)

In the event of an emergency, I agree or I do not agree
with my child receiving medication administered by a staff member or providing treatment.

In the event of an emergency I understand that the staff/school will call the emergency services.

I understand that the staff /school will not be responsible for any incident/issue that may arise to the administration and/or non-administration of this medication.

Signed by parent: _____

Emergency Medication Provision School Record

The Board of Management has agreed this plan during the meeting
held on
