Scoil San Carlo Senior National School
Declaration of Medical Condition/Allergy Form

This form should be completed by the parent(s)/guardian(s) of a child, who wish to inform the school of their child's medical condition/allergy.

Details of Pupil:

Name: _____
Address: _____
Date of Birth: _____
Class & Teacher: _____
Medical Condition/Allergy: _____

Medical Condition/Allergy:
Medical Condition/Allergy: _____
Condition/Allergy Details:

_____
_____
What action is required?

_____
_____

Is the child to be responsible for taking the prescription him/herself? _____
Does the child need the school to administer medication on his/her behalf? _____

If the answer is yes to either of the above questions, please complete the relevant accompanying form.

Contact Details:

Name: _____
Mobile Phone No: _____
Relationship to child: _____

I confirm that the above details are relevant to my child and that the school have been give a full understanding of the information that they need to be aware of.

Signed:_____ Date: _____

Received by the School Principal:

Signed:_____ Date: _____

The original should be retained on the school file and a copy sent to the parents/guardians to confirm the school's agreement to the named pupil carrying his/her own medication.