



Scoil San Carlo Senior National School
Request for Administration of Medication – Information & Consent Form

Please complete this form & return it to the school.
You will also be required to complete the one page medical summary.

Child's Name: _____ **Date of Birth:** _____

Child's Medical Condition: _____

Is medication required? Yes / No (Circle One)

Name of Medication: _____

Dosage: _____

Under what circumstances should medication be given:

Please briefly outline the steps for administering the medication to your child:

My child **CAN /CANNOT** self-administer this medication (Circle One).

GP Name: _____

Phone No. _____

1st Emergency Contact: _____

Mobile No. _____

2nd Emergency Contact: _____

Mobile No. _____

Siblings in the school: _____

Where should the medication be stored?

****Please Note the school cannot store refrigerated medication****

Has your child's medical team advised any limitations on school activities due to the medical condition?

Does your child have an understanding of their condition(s) and treatment?



Request for Administration of Medication and Consent Form

I consent for staff members in the School to administer/supervise administration of _____, in dosage of _____, to my child under the circumstances outlined above.

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/safety of my/ our child.

I / we understand that the school will endeavour to safely store prescription/emergency medicines but that responsibility for ensuring that the medication is in date lies with us the parents/guardians. **(The school will not store medication that has reached its expiration date).**

I / we understand that we must inform the school/ teacher/ SNA of any changes of medicine/ dose in writing and that I / we must inform the teacher each year of the prescription/ medical condition.

I / we understand that information about my / our child's medical condition and treatment will be shared with school staff, and in the event of an emergency with the GP or other medical personnel. I /we also consent to the disclosure of this information to the school's insurer if required.

Signed: _____ Parent/ Guardian

Print: _____

Date: _____

Signed: _____ Parent / Guardian.

Print: _____

Date: _____



Administration of Medicines in Schools- Indemnity

This INDEMNITY made the _____ day of _____ 20__

BETWEEN _____
(lawful parent(s)/guardian(s))

of _____ (address) [hereinafter called 'the
parents'] of the One Part AND _____ for and on behalf of the
Board of Management of Scoil San Carlo Senior National School situated at Confey, Leixlip, Co.
Kildare (hereinafter called 'the Board') of the Other Part.

WHERE:

1. The parent(s) are respectively the lawful father and mother or guardian(s) of
_____ a pupil of Scoil San Carlo Senior National School.
2. The pupil suffers on an ongoing basis from the condition known as:

3. The pupil may, while attending the said school, require, including in emergency circumstances, the
administration of medication, as outlined in the completed and attached **Request for Administration of
Medication –Information & Consent** form.
4. The parents have agreed that the said medication may, be administered by such member of staff of the
said school as may be designated from time to time by the Board including in emergency circumstances.

NOW IT IS HEREBY AGREED by and between the parents hereto as follows:

In consideration of the Board entering into the within Agreement, the parents, as the lawful father and
mother respectively/guardian(s) of the said pupil, HEREBY AGREE to indemnify and keep indemnified
the Board, its servants and agents including, without prejudice to the generality, the said pupil's class
teacher, Learning Support Teacher, SNA and/or the Principal of the said school from and against all
claims, both present and future, arising from the administration of the said medicines.

Signed: _____ [Parent/ Guardian 1]

Date: _____

Print Name _____

Signed: _____ [Parent/Guardian 2]

Date: _____

Print Name: _____

For School Use Only:

Date Form Received: _____

Received By: _____

Health & Safety Officer Signature:

Child added to the school medical database: Yes / No

Date added: _____

Further Action Required: Yes / No

School Principal Signature: _____



Staff trained / untrained and willing to administer medicines if necessary:

- [illegible]