

Scoil Mhuire Maigh Cuilinn

Notification of Medical/Health Issues

Please update us, as applicable, on any developments/changes regarding your child's health/medical situation and of any medication he/she may require. If the school currently holds medication for your child, please replace/renew as necessary according to the date of expiry.

Name of Child	
Class	
Teacher	
Doctor	
Doctor's Contact No.	
Nature of Medical/Health Issue e.g. asthma, anaphylaxis If none, state NONE	
Medication to be Administered, if any e.g. inhaler, epipen If none, state NONE	
Have you provided the school with medication? (if applicable)	
Instructions to be followed in the event of an episode, attack, etc.	
Parent/Guardian who has filled this form	

Consent of Parent/Guardian to Medical Attention

In the event of _____ (pupil's name) requiring medical attention for any reason during school or during any activities under supervision of the school, I consent to his/her referral to my child's doctor as named above and, if he/she is unavailable, or if the situation so dictates, to such doctor or hospital authority as the school authorities shall see fit.

I also consent to the doctor or hospital authority concerned carrying out such treatment or operative measures as may be considered necessary, including the administration of general or other anaesthetics. I understand that the school authorities will make every effort to contact me first and will only act on their own initiative having tried and failed several times to make contact with me.

Signed: _____

Date: _____

