Coláiste Abbain – Post-Primary School Medical Information Form

Email for completed forms: info@colaisteabbin.ie
School telephone: 053 924 0564

Important Instructions for Parents/Guardians

- This form must be completed fully and accurately by a parent or guardian.
- Please provide as much detail as possible regarding your child's medical needs, medical history, allergies, medication, protocols and care requirements.
- Completed forms must be emailed to: info@colaisteabbin.ie.
- School administration staff will forward the completed form to the relevant staff member in charge of health and safety and any other staff who need the information to support your child safely.
- Please notify the school immediately if there is any change to your child's medical needs, medication, emergency contacts or medical instructions.

Student Information

Student Full Name	

Date of Birth (DD/MM/YYYY)	

Year/Class	

Home Address

Medical Information

Please list all medical conditions and provide as much detail as possible, including diagnosis, when the condition was identified, severity, symptoms, triggers, warning signs, history of episodes, likely impact during the school day and any other relevant background information.

Medical Conditions / Details

Please give full details of all allergies, including food, medication, environmental or other allergies. Include reaction symptoms, severity, whether there is a risk of anaphylaxis, known triggers and what staff should do if a reaction occurs. If there are no allergies, please write “None”.

Allergy Details

Medication, Emergency Protocols and Care Requirements

Is your child currently taking medication? (Yes/No)	

Please include the medication name, dosage, time/frequency, route of administration, who administers it, whether the student carries it or it is stored in school, and any storage instructions or expiry dates.

Medication Details

Please set out clear step-by-step instructions for school staff to follow in an emergency. Include when to call emergency services, what symptoms require urgent action and what actions should or should not be taken.

Emergency Medical Protocols

Please note any equipment or support needed, for example inhaler, EpiPen, blood glucose monitoring, emergency medication, positioning support, dietary requirements, mobility support or supervision needs.

Supports / Equipment Required

Location of Medication / Emergency Supplies	

Please detail any procedures or routines required during the school day, including timing, supervision, privacy considerations, assistance needed and any training staff may require.

Medical Procedures / Care Requirements During School Hours

GP / Medical Professional Details

GP Name	
Practice Name	
GP Phone Number	
Consultant / Specialist (if applicable)	

GP Address

Emergency Contact Details – Parent/Guardian 1

Name	
Relationship to Student	
Phone Number	
Alternative Number	
Email Address	

Emergency Contact Details – Parent/Guardian 2

Name	
Relationship to Student	

Phone Number	

Alternative Number	

Email Address	

Additional Emergency Contact (Optional)

Name	

Relationship	

Phone Number	

Consent and Declaration

- I / We confirm that the information provided in this form is true, accurate and complete to the best of my / our knowledge.
- I / We will inform the school immediately of any changes to medical conditions, medication, emergency contacts or medical instructions.
- I / We understand that this information will be shared only with relevant staff in order to support my / our child's safety and wellbeing in school.
- I / We understand that the completed form must be emailed to info@colaisteabbin.ie and that school administration staff will forward it to the relevant staff member in charge of health and safety.

Parent/Guardian Name	

Signature (type full name if submitting electronically)	

Date	

School Use Only

Date Received	

Reviewed By	

Information Shared with Relevant Staff	

Additional Notes
