

Request by Parent for Staff to Administer Medication to a Pupil

The Gaelscoil/Naíscoil will not be able to give your child medicine unless you complete and sign this form and the Principal has agreed that the staff member can administer the medication.

Pupil Details

Surname: _____ Forename: _____

Date of Birth: __/__/__ Class :Naíscoil/Rang _____

Condition/Illness: _____

Medication

Name/Type of Medication (as described on the container):

Has this been prescribed by the doctor? Y/N

Directions for Use:

Dosage _____

Time Administered: _____ By whom? _____