



Scoil Nano Nagle
Bawnogue, Clondalkin, Dublin D22VF68.

www.scoilnanonagle.com

☎ : (01) 4571306 email nanonagleinfo2@gmail.com Roll: 19509T

Administration of Medication Application Form

Child's name: _____

Medical Condition: _____

Medication: _____

Dosage required: _____

Administration Procedure (When, Why, How)

Parent is contactable at: _____

Back up second number: _____

Parent Declaration

- I authorise school staff to administer the noted prescribed medication to my child in the case of a medical emergency.

- I understand that my child's medication will be stored in my classroom in an agreed location where all school staff can access it at short notice.
- I understand that it is the responsibility of the pupil's parents to ensure that the medicine provided to the school is within date and is fully ready for use. Parents must replenish this medicine themselves – the school have no role whatever in this.
- I understand that at least two separate, ready-to-use doses of the medicine are required by the school in order to provide additional assurance.
- It is my responsibility to provide the school with an up-to-date colour photograph of my child to assist school staff in identifying my child.
- It is my responsibility to meet with my child's class teacher to offer them instructions on the administration of the medicine.
- It is my responsibility to keep the school informed of my child's medical condition, including any changes to medicines or their administration.
- I understand that school personnel have received no specialised medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed: _____

Date: _____

(Parents meet with principal and class teacher on _____)