



Scoil Nano Nagle

Bawnogue,
Clondalkin,
Dublin D22VF68.

www.scoilnanonagle.com

☎ : (01) 4571306

email: principal@scoilnanonagle.com

Roll: 19509T

Medication Details

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 child's classroom in an agreed location where school staff can access it at short notice.
- I understand that it is the responsibility of the pupil's parents/guardian 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 has no role whatsoever in this.
- 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 HEREBY AGREE to indemnify the Board of Management of Scoil Nano Nagle and employees of Scoil Nano Nagle in respect of any liability which may arise regarding the administration of medication.

Signed: _____

Date: _____

