

Request to Board of Management of Scoil Chiarain

1. I / We, the parents / guardians of
ask the Board of Management of Scoil Chiarain to allow a
member of staff to give medication to my child
.....
2. I enclose a letter from Dr.
Stating:
 - (a) Why the medication is needed
 - (b) Name of medication
 - (c) Time the medication should be administered
 - (d) Dosage to be administered
3. Should there be any change in medication, I/we will write to
the Board of Management before this change takes place to
notify them of same

Administration of Medication Policy

4. I /We understand that the school's insurers will be notified of this arrangement

5. I/We indemnify the Board of Management in respect of any liability that may arise regarding the administration of the medication

Signed:
Parent / Guardian

Signed:
Parent / Guardian

Date:

Date: