



# Ballindaggin National School

Ballindaggin,  
Enniscorthy  
Co. Wexford  
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Principal: Mr Conor Mc Donald

## Administration of Medicine

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Emergency Contacts

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Prescription Details:

\_\_\_\_\_

Storage details: \_\_\_\_\_

Dosage required:

\_\_\_\_\_

Is the child to be responsible for taking the prescription him/herself?

\_\_\_\_\_

What Action is required

\_\_\_\_\_

I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well being of my/our child. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed \_\_\_\_\_ Parent/Guardian                      \_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_