

ST. BRIGID'S NATIONAL SCHOOL

Beechpark Lawn, Castleknock, Dublin 15.
Tel: 01- 8214040 Roll No: 00697S



Please fill one or both sides of this form. Any additional information should be attached to this form.

CHILDREN WITH LONG TERM ILLNESSES

Name of Pupil: _____
Address: _____
Date of Birth _____ Current Class _____

Emergency Contacts

1. Name	_____	Phone	_____
2. Name	_____	Phone	_____
3. Name	_____	Phone	_____
4. Name	_____	Phone	_____
Doctor's Name	_____	Phone	_____

Details of the Medical Condition:

Prescription Details:

Name of the Medication: _____
Dosage: _____
Frequency: _____

Administration Child Child under Adult Supervision Adult only

Activities that should be avoided or extra care needs:

What would constitute an emergency and what would the symptoms be?

What actions should be taken in an emergency?

We, the parents or guardians of _____ give permission for our child to be photographed and for his/ her picture and medical information to be placed on a medical information board in the staff room and in the yard notebook, so staff members are aware of his/her condition. If the school deems it necessary I also give permission for my child to wear a medical alert bracelet in the yard.

Signed _____ Date: _____

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Please fill one or both sides of this form. Any additional information should be attached to this form.

CHILDREN WITH SEVERE ALLERGIES

Name of Pupil: _____
Address: _____
Date of Birth _____ Current Class _____

Emergency Contacts

1. Name	_____	Phone	_____
2. Name	_____	Phone	_____
3. Name	_____	Phone	_____
4. Name	_____	Phone	_____
Doctor's Name	_____	Phone	_____

Type of Allergy: _____

Does he/she have an adrenaline pen? _____

Other Medication

Name of the Medication: _____
Dosage: _____
When to administer it: _____

Activities that should be avoided or extra care needs:

What would the symptoms of a mild reaction be:

In the case of a mild reaction what steps should be taken?

What would the symptoms of a severe reaction be?

Please list in order the steps that should be taken in an emergency?

1.	_____	4.	_____
2.	_____	5.	_____
3.	_____	6.	_____

We, the parents or guardians of _____ give permission for our child to be photographed and for his/ her picture and medical information to be placed on a medical information board in the staff room and in the yard notebook, so staff members are aware of his/her condition. If the school deems it necessary I also give permission for my child to wear a medical alert bracelet in the yard.

Signed _____ Date: _____