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 Cont	acts	
1. Name		Phone
2. Name		Phone
3. Name		Phone
4. Name		Phone
Doctor's Name		Phone
D . 11 C.1 M	1. 10 1	
Details of the Mo	edical Condition:	
Prescription De	taile	
Name of the Medi		
Dosage:		
_		
Frequency:		
Administration	Child	Child under Adult Supervision Adult only
		1
Activities that sl	nould be avoided o	or extra care needs:
What would con	stitute an emerge	ency and what would the symptoms be?
What would con	stitute an emerge	ney and what would the symptoms be:
What actions sh	ould be taken in a	n emergency?
We the navents of	r auardians of	give normicsion for our shild to be
nhotographed and	guuruiuiis 0j d for his/hor nictur	give permission for our child to be e and medical information to be placed on a medical information
hoard in the staff	room and in the var	rd notebook, so staff members are aware of his/her condition. If the
		permission for my child to wear a medical alert bracelet in the yard.
Somoor accinis it lit	.ccosury raiso give p	zormoston for my onlike to wour a moulear after brucelet in tile yard.
Signed		Date:

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CHILDREN WITH SEVERE ALLERGIES

Name of Pupil:	
Address:	
Date of Birth	Current Class
Emorgon av Contagta	
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	e pen?
Other Weller	
Other Medication	
Name of the Medication:	
Dosage:	
When to administer it:	
Activities that should be avoide	d or extra care needs:
What would the symptoms of a	mild reaction be:
In the case of a wild was time and	hat atoms also all dib a talana?
In the case of a mild reaction wl	<u>nat steps snouid de taken?</u>
What would the symptoms of a	severe reaction be?
Please list in order the steps t	that should be taken in an emergency?
1.	4.
2.	
We, the parents or guardians of	give permission for our child to be photographed
and for his/ her picture and med	lical information to be placed on a medical information board in the staff
	so staff members are aware of his/her condition. If the school deems it
	for my child to wear a medical alert bracelet in the yard.
C: J	Dete
<i>Signed</i>	Date: