Appendix 1 - Form 1

Administration of Medication to Students

**Request to Board of Management of *S.N. Réalt na Mara, Rosses Point, Co. Sligo*.**

1. I / We, the parents / guardians of ……………………………………………………….. ask the Board of Management of  *S.N. Réalt na Mara , Rosses Point, Co. Sligo* to allow a member of staff to give medication to my child …………………………………………………
2. I enclose a letter from Dr. ………………………………………………. stating:
3. Why the medication is needed
4. Name of medication
5. Time the medication should be administered
6. Dosage to be administered
7. 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
8. I /We understand that the school’s insurers will be notified of this arrangement
9. I/We indemnify the Board of Management in respect of any liability that may arise regarding the administration of the medication

Signed: …………………………………………… Signed: ………………………………………

 Parent / Guardian Parent / Guardian

 Date:………………………………………. Date:………………………………………….