

# DOORUS N.S.

Doorus, Kinvara, Co.Galway

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Administration of Medication to Students

**Request to Board of Management of *Doorus N.S.***

1. I / We, the parents / guardians of ..... ask the Board of Management of *Glounaguillagh National School* to allow a member of staff to give medication to my child .....
2. I enclose a completed Healthcare Plan 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
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: .....

Signed: .....

Appendix 1 – Form 2

Parent / Guardian

Date:.....

Parent / Guardian

Date:.....