



Harcourt Terrace Educate Together National School

Email: info@htetns.ie

Address: Harcourt Terrace, Dublin 2. D02 FC64

No: 01 5292970

Appendix 1

Request for Administration of Medication –Information & Consent

Child's name: _____

Date of birth: _____

Name of medication: _____

Dosage and Frequency: _____

Condition for which medication is required:

Circumstances when medication should be administered:

Other medication being taken:

My child CAN / CAN NOT self-administer this medication (*please circle*)

GP Name: _____

Phone no: _____

1st Emergency contact: _____ Mobile no: _____

2nd Emergency contact: _____ Mobile no: _____

I request consent for staff members in the school to administer/supervise the administration of _____, in dosage of _____



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_____, to my child _____ under
the circumstances outlined above.

I understand that information about my child's medical condition and treatment will be shared with school staff, and in the event of an emergency with the GP or other medical personnel. I also consent to the disclosure of this information to the school's insurers if required.

Signed: _____

Date: _____

Print name: _____



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Appendix 2

Administration of Medicines in School - Indemnity
(Appendix 46, Board of Management Handbook)

THIS INDEMNITY made the _____ day of
20____ BETWEEN _____ (lawful
guardian(s)) of

(hereinafter called 'the parents' of the One Part AND for and on behalf of the Board of
Management of _____ School
situated at _____ in the County of _____
(hereinafter called 'the Board') of the Other Part.

WHEREAS:

1. The parents are respectively the lawful guardian(s) of
_____, a pupil of the above school
2. The pupil suffers on an ongoing basis from the condition known as

3. The pupil may, while attending the said school, require in emergency
circumstances, the administration of medication:

4. The parents have agreed that the said medication may, in emergency circumstances,
be administered by the said pupil's classroom teacher and/or such other member of
staff of the said school as may be designated from time to time by the Board. NOW
IT IS HEREBY AGREED by and between the parents hereto as follows:

In consideration of the Board entering into the within Agreement, the parents, as the
lawful guardian(s) of the said pupil HEREBY AGREE to indemnify and keep indemnified



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the board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of the said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

Signed: _____

Date: _____

Print name: _____



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Appendix 3

Administration of Medication – Letter to Doctor

Dear Doctor,

The Board of Management of Harcourt Terrace Educate Together National School requests that the information required below be provided relating to medication which is administered to students during school hours. The parent(s)/carer(s) of

_____ have been asked to return the information to the school and to advise of any changes to their medication in the future.

Many thanks for your co-operation in this matter.

Yours sincerely,

Tony Walsh
Principal



HARCOURT TERRACE
EDUCATE TOGETHER
NATIONAL SCHOOL

Harcourt Terrace Educate Together National School.
Harcourt Terrace,
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Roll No. 20501K
Roll Number: 20501K www.htetns.ie
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Name of Student: _____

D.O.B.: _____

Name of Medication: _____

Why is this medication required?

Circumstances when medication should be administered:

Dosage to be administered:

Frequency of dosage:

Additional Information:

Signed: _____ Date:

Stamp:



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