

## Appendix 1

### Medical Condition and Administration of Medicines

<b>Student's Name</b>			
<b>Address</b>			
<b>Date of Birth</b>			
<b>Emergency Contacts</b>		<b>1. Name</b>	<b>Phone Number</b>
		<b>2. Name</b>	<b>Phone Number</b>
		<b>3. Name</b>	<b>Phone Number</b>
<b>GP Contact Details</b>		<b>Hospital Contact details (if relevant)</b>	
<b>GP Name</b>		<b>Named Contact</b>	
<b>Surgery Name</b>		<b>Hospital Name</b>	
<b>Phone Number</b>		<b>Phone Number</b>	

<b>Medical Condition</b>	
<b>Prescription Details</b>	
<b>Storage details:</b>	
<b>Dosage required:</b>	
<b>Is the student to be responsible for taking the prescription herself?</b>	
<b>What Action is required</b>	

## Appendix 2

### Allergy Details

<b>Type of Allergy</b>	
<b>Reaction Level</b>	
<b>Medication</b>	
<b>Storage details</b>	
<b>Dosage required:</b>	
<b>Administration Procedure (When, Why, How)</b>	

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

## Appendix 3

### Emergency Procedures

In the event of \_\_\_\_\_ displaying any symptoms of her medical difficulty, the following procedures should be followed.

Symptoms:	
Procedures:	<ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li></ol>

Dial 112 or 999 and call emergency services

Quote school's eircode **X91 YW02**

Contact Parents

## Appendix 4

### Record of Administration of Medicines

<b>Student's Name</b>	
<b>Date of Birth</b>	
<b>Medical Condition</b>	
<b>Medication</b>	
<b>Dosage Administered</b>	
<b>Administration Details (When, Why, How)</b>	

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_