

Kilcolman N.S.,
Kilcolman,
Ardagh,
Co. Limerick.

Telephone 069 60005
E-mail: kilschool1@gmail.com

Principal: Cáit Ní Fheorais



WRITTEN **REQUEST FOR ADMINISTRATION OF MEDICINE**

I/We understand that we must SUBMIT A WRITTEN REQUEST TO THE SCHOOL IF OUR CHILD NEEDS TO HAVE MEDICINE ADMINISTERED during the school day.

I/We understand that no school personnel have any medical training and we indemnify the Staff and the Board of Kilcolman N.S. from any liability that may arise from the administration of the medicine.

Signed: _____ (Parent/Guardian)

_____ (Parent/Guardian)

Date: _____

Pupil's Name: _____ Date of Birth: _____

Medical Condition: _____

Administration of Medicine

Dosage to be administered: _____

Administration Details (When? How? Why?): _____

Signed: _____ (Parent/Guardian)

Date: _____