

**MEDICATION ADMINISTRATION FORM**

Please complete this **Medication Administration Form** and **Administration of Medicines in Schools Indemnity** and return to the school as soon as possible in order for it to be processed. These forms will be retained by the school. Please note the onus is on the parents/guardians to inform the school of any changes to the information outlined below. Parents/guardians must ensure medication is brought on out of school trips, swimming days, that medication is in date and that the authorised staff member(s) are in school.

**Name of Child:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_  
\_\_\_\_\_

**Medical Condition:** \_\_\_\_\_

**Symptoms:**

**Photo of Child:**  
  
School will supply photo

**Medication/Dosage details:**

**How to Administer:**

**Emergency contact numbers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

I wish to apply to the Board of Management for a willing and trained member of staff to administer medication to my child.

**Signature of parent/guardian:**

\_\_\_\_\_

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

**ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY FORM**

THIS INDEMNITY made the \_\_\_\_\_ day of 20 \_\_\_\_\_  
between \_\_\_\_\_ (lawful guardian of \_\_\_\_\_)  
of \_\_\_\_\_  
\_\_\_\_\_ (hereinafter called 'the guardians') of the One Part and  
Brian Culloo for and on behalf of the Board of Management of ST. MOCHULLA'S NS, TULLA, CO. CLARE  
(hereinafter called 'the Board') of the Other Part.

WHEREAS:

1. The guardians are respectively the lawful guardians 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 guardians 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 parties hereto as follows:

a) In consideration of the Board entering into the within Agreement, the guardians, as the guardians respectively of the said pupil HEREBY AGREE to indemnify and keep indemnified the board, its servants and agents including without prejudice to the generality the said pupil's class teacher, SNA 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.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents/guardians in the presence of:

\_\_\_\_\_

SIGNED AND SEALED by the said in the presence of:

\_\_\_\_\_