
























Arrangements to be made if your child is ill in school

As you are aware, all children will have accidents occasionally. If your child has an accident at school, teachers will respond in a caring manner. If the child suffers a minor cut or bruise, it will be cleaned and covered appropriately. If the child is sick or has an accident that is deemed to be of a more serious nature, parents will be contacted.

In order to update Contact Numbers in case of Accident at school, please complete and return as soon as possible.

Family Name:																	
Address:																	
Children attending Scoil Mhaoilíosa:	<table> <tr> <td>Name</td> <td>_____</td> <td>Class</td> <td>_____</td> </tr> <tr> <td>Name</td> <td>_____</td> <td>Class</td> <td>_____</td> </tr> <tr> <td>Name</td> <td>_____</td> <td>Class</td> <td>_____</td> </tr> <tr> <td>Name</td> <td>_____</td> <td>Class</td> <td>_____</td> </tr> </table>	Name	_____	Class	_____	Name	_____	Class	_____	Name	_____	Class	_____	Name	_____	Class	_____
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Name	_____	Class	_____														
Contact Nos.	<table> <tr> <td>Home</td> <td></td> <td>_____</td> </tr> <tr> <td>Work</td> <td>Name:</td> <td>_____  _____</td> </tr> <tr> <td>Mobile 1</td> <td>Name:</td> <td>_____  _____</td> </tr> <tr> <td>Mobile 2</td> <td>Name:</td> <td>_____  _____</td> </tr> </table>	Home		_____	Work	Name:	_____  _____	Mobile 1	Name:	_____  _____	Mobile 2	Name:	_____  _____				
Home		_____															
Work	Name:	_____  _____															
Mobile 1	Name:	_____  _____															
Mobile 2	Name:	_____  _____															
Alternative Contacts: <i>2 Contacts please</i>	<table> <tr> <td>1.Name:</td> <td>_____  _____</td> </tr> <tr> <td>2. Name:</td> <td>_____  _____</td> </tr> </table>	1.Name:	_____  _____	2. Name:	_____  _____												
1.Name:	_____  _____																
2. Name:	_____  _____																
Family Doctor:	<table> <tr> <td>Dr.</td> <td>_____</td> </tr> <tr> <td>Address:</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>	Dr.	_____	Address:	_____		_____										
Dr.	_____																
Address:	_____																
	_____																



In extreme emergencies, the local doctor or hospital will be contacted. Please indicate your agreement/disagreement with this policy

I agree: _____ (Signature)

I disagree: _____ (Signature)

(If you disagree, please write to the Board of Management outlining the steps to be taken to care for your child in cases of extreme emergencies)

Does your child have a medical condition which should be noted? Yes No

If **YES** please supply details:

Administration of Medicines Policy

In the interests of the Health and Safety of all pupils, Parents and Guardians of a pupil requiring medicine during school hours should write to the Board of Management for permission and obtain a copy of our school's "Administration of Medicines" Policy.

Additional Useful Information

If there is any other information regarding your child's welfare which you feel would be of assistance to us, please indicate below or if the information is of an extremely sensitive nature, please make an appointment to speak with the teacher or principal.

Information such as a Junior Infant's difficulty with toilet training, coping with buttons, fears, health issues, etc. may be relevant.

If your child is absent from school, Department of Education and Science guidelines request an explanation in writing for the reason for absence. These notes must be retained by the school for a period of one year. For this reason, IT IS NOT SUFFICIENT TO WRITE A NOTE IN THE CHILD'S HOMEWORK DIARY. A template is provided by the school for this purpose and is attached. Additional copies are available on the school website.

Signature of Parent/Guardian: _____ Date: _____