



## Foirm Shláinte Health Form

Ní úsáidtear an t-eolas seo ach ar mhaithe le sláinte agus sábháilteacht do linbh.

This information is only used for the health and safety of your child.

**Ainm an linbh** Child's name:

**Seoladh baile** Home address:

**Dáta breithe** Date of birth:

**Bliain iontrála** Year of entry 20\_\_\_\_\_

An bhfuil aon fhadhbanna sláinte nó tinnis ag do leanbh go mba chóir a bheith ar eolas ag an scoil, mar shampla ailléirgí, múchadh, titeamas, diabéiteas, deacrachtaí siceolaíochta, deacrachtaí le caint, radharc, cothromaíocht nó éisteacht? Tabhair an méid is féidir eolais.

Does your child have any health issues that the school should know about, for example, allergies, asthma, epilepsy, diabetes, psychological difficulties or difficulties with speech, sight, balance or hearing? Give as much information as possible.

Large text area with horizontal dashed lines for writing.

**An dtógann do leanbh leigheas go leanúnach nó leigheas práinneach?**

Does your child take regular or emergency medication?

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**Más gá le do leanbh leigheas/ionanáiltheoir a thógaint ar scoil, beidh litir cheadaithe le líonadh. Léigh an Polasaí um Riaradh Cógais Leighis ag [www.liosnanog.com](http://www.liosnanog.com)**

If your child needs to take medication/inhaler at school, you will be required to complete a letter of consent. Please read the Administration of Medication Policy at [www.liosnanog.com](http://www.liosnanog.com)

**An gcuireann leigheas ar bith isteach ar do leanbh? Is your child allergic to any medication?**

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**I gcás géarchéime, an bhfuil aon rud eile go mba chóir a dhéanamh, seachas na rudaí atá luaite?**

In case of emergency, is there anything else that should be done, apart from what has been mentioned?

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**Dochtúir teaghlaigh** Family doctor

<b>Ainm</b> Name:	<b>Fón</b> Phone:
<b>Seoladh</b> Address:	

## Leanbh ag filleadh faoi chúram dochtúra Child returning under doctor's instructions

Má tá do leanbh ag filleadh faoi chúram dochtúra, ní mór teastas fólláine dochtúra a chur ar fáil ag ceadú fillte chun na scoile agus an scoil a chur ar an eolas faoi choinníollacha dá réir. Caithfidh an scoil moltaí agus coinníollacha an dochtúra a chur i bhfeidhm ar mhaithe le sláinte agus sábháilteacht an linbh agus na scoile.

If a child is returning to school under doctor's instructions, a certificate of fitness must be provided permitting the return, and the school must be informed of any conditions that apply. In the interests of the health and safety of your child and the school, we must adhere to any recommendations and conditions as set out by the doctor.

Má éiríonn do leanbh tinn ar scoil nó má tá timpiste aige/aici, tabhair liosta ainmneacha agus uimhreacha fóin go bhféadfaí teagmháil éasca a dhéanamh leo. Déan iad a chur in ord led' thoil.

In the event of your child getting sick or having an accident at school, give details of persons who can be easily contacted. Please put these in order.

1 Ainm Name:

Ceangal led'leanbh Relationship to your child:

Fón Phone:

2 Ainm Name:

Ceangal led'leanbh Relationship to your child:

Fón Phone:

3 Ainm Name:

Ceangal led'leanbh Relationship to your child:

Fón Phone:

Deimhním go bhfuil na daoine seo curtha ar an eolas agam go mbeidh mé ag cur a n-eolas ar fáil don scoil ar na cúiseanna seo.

I confirm that I have informed these persons that I will be providing their information to the school for these purposes.

Síniú Signature:

I gcás práinne, muna féidir teagmháil a dhéanamh leis na daoine seo, an dtugann tú cead do bhall foirne an leanbh a thabhairt chun ospidéal/a thionlacan in otharcharr más gá?

In case of emergency and if contact cannot be made with the persons listed above, do you give permission for your child to be taken to hospital/accompanied in an ambulance by a member of staff?

Tugaim  
Yes

Ní thugaim  
No

Má bhíonn timpiste ag do leanbh, an dtugann tú cead do mhúinteoir cabhrú leis/léi na héadaí a athrú, más gá, muna féidir leis an leanbh é a dhéanamh dó/di féin?

If your child has an accident at school and requires his/her clothes to be changed, do you give permission for a teacher to assist if the child is unable to manage alone?

Tugaim  
Yes

Ní thugaim  
No

Síniú Signature

#### Stádas díonta Immunisation status

An raibh instealladh MMR ag do leanbh?

Did your child receive the MMR vaccine?

\* Cathain When

\* Bhí

Yes

Ní raibh

No

An raibh instealladh teiteanais ag do leanbh riamh?

Was your child ever immunised for tetanus?

\* Cathain When

\* Bhí

Yes

Ní raibh

No

- Cuir fios ar an scoil má thagann aon athrú ar an eolas atá ar an bhfoirm seo, led'thoil  
Please inform the school of any subsequent change to the information provided in this form

Ainm(neacha) an duine/na ndaoine a bhaileoidh do leanbh ón scoil gach lá.

The person(s) who will be collecting you child from school each day.

1 Ainm Name:

Ceangal led'leanbh Relationship to your child:

Fón Phone:

2 Ainm Name:

Ceangal led'leanbh Relationship to your child:

Fón Phone:

Deimhním go bhfuil na daoine seo curtha ar an eolas agam go mbeidh mé ag cur a n-eolas ar fáil don scoil ar na cúiseanna seo.

I confirm that I have informed these persons that I will be providing their information to the school for these purposes.

Síniú Signature:

### Príobháideacht sonraí Data privacy

Tuigim go bhfuil sonraí pearsanta de chatagóirí speisialta curtha ar fáil agam duit agus tugaim cead na sonraí seo a úsáid agus a choimeád don iarratas seo agus ar mhaithe le sláinte agus sábháilteacht mo linbh.

D'fhéadfaí an toiliú seo a bhaint am ar bith.

I understand that I have provided you with special categories of personal data and I consent to the use and retention of this data for the purpose of this application and the safety and welfare of my child.

This consent can be withdrawn at any time.

Síniú  
Signature

Dáta  
Date