

Litir Cheadaithe maidir le Leigheas/Ion-análaitheoir

Litir Cheadaithe do Bhord Bainistíochta Lios na nÓg maidir le cead córacha leighis/ion-análaitheoirí sa scoil

Tá cóir leighis orduithe ag an dochtúir do mo pháiste _____

Cuir tic sa bhosca cuí	
Ion-análaitheoir	
Anapen	
Epipen	
Leigheas eile	

Cuir tic sa bhoscaí cuí	Tá	Níl
Tá fhios ag mo pháiste cathain atá an leigheas le tógáil		
Tá mo pháiste ábalta an leigheas a thógáil é/í féin		

Ainm an chóigais _____

Cé mhéid (tomhas) _____

Na cásanna gur cheart leighearsa a thabhairt _____

Treoracha _____

Má cheapaimid nach dtuigeann ár bpáiste cathain is gá é a thógaint, déanaimid socruithe leis an scoil maidir le dáileadh an leighis i rith am scoile.

Glacaim leis nach bhfuil aon fhreagracht ar an mBord Bainistíochta ná ar na múinteoirí maidir le dáileadh an leighis, nó freagracht i leith an leighis a bheith aige/aici ar scoil.

D'fhéadfadh sé tarlú go mbeadh ar an scoil, i gcásanna áirithe, dul i dteagmháil le do dhochtúir teaghlaigh. Tá sé rithábhachtach go dtabharfaidh tú an uimhir ghutháin dúinn.

Déan cinnte go bhfuil ainm do linbh ar an leigheas/ionanálaitheoir, chomh maith le treoracha agus tomhas.

Ainm tuismitheora (BLOCLITREACHA) _____

Síniú _____

Seoladh _____

Uimhir ghutháin éigeandála _____ Uimhir dochtúra teaghlaigh _____

Dáta _____

PRÍOBHÁIDEACHAS SONRAÍ

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 litir seo agus ar mhaithe le sláinte agus sábháilteacht mo pháiste.

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

Síniú _____

Letter of Consent for Use of Medication/Inhaler

Letter of Consent to School Management for use of Medication/Inhalers in School

My child _____ is prescribed medication by her/his doctor.

Tick appropriate box	
Inhaler	<input type="checkbox"/>
Anapen	<input type="checkbox"/>
Epipen	<input type="checkbox"/>
Other medication	<input type="checkbox"/>

Tick appropriate box	Yes	No
My child knows when to take his/her medication	<input type="checkbox"/>	<input type="checkbox"/>
My child is able to take the medication himself/herself	<input type="checkbox"/>	<input type="checkbox"/>

Name of medication _____

Dosage _____

When should the medication be taken? _____

Directions _____

If we feel our child is incapable of knowing when s/he needs to take the medication we will, if necessary, make arrangements for administration during school hours.

I accept that the Bord of Management or the teachers have no responsibility in administering the above, or seeing that my child has it in school.

A situation may occur where the school may feel it necessary to contact your family doctor. It is imperative that you give us his/her phone number.

Please ensure that the medication/inhaler is clearly labelled with the child's name, instructions and dosage.

Parent's name (BLOCK CAPITALS) _____

Signature _____

Address _____

Emergency contact number _____ Family doctor's phone _____

Date _____

DATA PRIVACY

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 letter and the safety and welfare of my child.

You can withdraw this consent at any time.

Signature _____