

Litir cheadaithe maidir le riachtanais speisialta (Diaibéiteas)

Tá riachtanais diaibéitis mar atá luaite thíos ag mo pháiste _____

Rang _____

Tá an scoil ar an eolas maidir leis na riachtanais atá ag mo pháiste agus tá na socrúithe thíosluaite déanta maidir le húsáid an chaidéil i rith am scoile.

| Cuir tic sa bhosca cuí | Tá | Níl |
|---|----|-----|
| Tá a fhios ag mo pháiste cathain a mbíonn gá leis an gcaidéal a úsáid | | |
| Tá mo pháiste ábalta an caidéal a úsáid | | |

Riachtanais mo pháiste _____

Socrú leis an scoil _____

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

Ainm tuismitheora (BLOCLITREACHA) _____

Síniú _____

Seoladh _____

Uimhir ghutháin éigeandála _____ Uimhir dhochtúra 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 a child's health safety needs (Diabetes)

My child _____ Rang _____ has diabetic needs.

I have informed the school of my child's specific diabetes needs as set out below and I accept that appropriate arrangements as set out below are in place for the use of the pump during school hours.

| Please tick appropriate box | Yes | No |
|--|--------------------------|--------------------------|
| My child knows when he/she needs to use the pump | <input type="checkbox"/> | <input type="checkbox"/> |
| My child is able to use the pump | <input type="checkbox"/> | <input type="checkbox"/> |

My child's pump needs _____

Arrangements with school _____

A situation may occur where the school may feel it necessary to contact your family doctor. Please provide a contact number.

Parent's name (BLOCK CAPITALS) _____

Signature _____

Address _____

Emergency contact number _____ Family doctor's number _____

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 for the safety and welfare of my child.

You can withdraw this consent at any time.

Signature _____