

St. Laurence O' Toole's CBS

SEVILLE PLACE, DUBLIN 1
TEL (01) 8363490
Email: info@larriers.ie



Student Medical Form

Does your son suffer from any illness? _____

If yes, please describe: _____

Does your son have any allergies? _____

If yes, please describe: _____

Does your son get travel sick? _____

Does your son sleep walk? _____

If yes, when was the last time he did so? _____

If your son has an accident while in the care of the school, do you agree to allow the school staff or helping parents to carry out first aid on your son? _____

If needed, which of the following products would you allow to be used on your son?

- Plasters: _____
- Ice pack: _____
- Ankle/wrist support: _____
- Calpol: _____
- Freeze spray: _____
- Sudocream: _____
- Bee sting cream: _____
- Travel sickness tablets: _____

Is your son allergic to any of the above products? _____

Are there any other medicines that your son can take with your permission and can he take this by himself or under the guidance of the school's staff or helping parents?

I, the undersigned, declare that the information given by me in this medical form is correct and true, and that the staff of St. Laurence O'Toole's CBS/Girls Seville Place may use it to guide them in the medical care of my son/daughter.

Signature: _____

Date: _____