



Newpark Comprehensive School

Scoil Chuimsitheach Na Páirce Nua

Confidential Medical Information

FIRST NAME(S) _____ SURNAME _____

Date of Birth _____ Gender: Male Female PPS Number _____

Address _____

Mother/Guardian

Father/Guardian

Name _____

Home telephone _____

Work telephone _____

Mobile telephone _____

Mother's Maiden Name _____ Medical Card? Yes No

In the event of parents/guardians being unavailable please list an emergency contact person

Name _____ Telephone _____

Medical Details

1. Is your child on medication? If so please give details.

2. Has your child had the Meningococcal C vaccination against Meningitis? Yes No

3. Please indicate if your child has any of the following conditions and list details

Epilepsy Diabetes Asthma

4. If there is a reason why your child may not participate in sporting activities please list details and include relevant doctor's letter(s). _____

5. If there is another medical condition of which the school should be aware, please give details below.

Name of GP _____ Phone No _____ Consent to contact in an emergency

I am aware that my son/daughter may attend the school nurse. I give /do not give my permission for him/her to receive (a) medical assistance and/or (b) non-prescription medication

Signed (mother/guardian) _____ Date _____

Signed (father/guardian) _____ Date _____

PLEASE KEEP THE SCHOOL NURSES INFORMED OF ANY RELEVANT ADDITIONAL OR NEW MEDICAL INFORMATION