



Gaelscoil na Lochanna

Baile Coimín

Foirm Leighis / Medicine Form

Tugaim cead don Oide Scoile / Príomhoide leigheas a thabhairt do mo pháiste,
de réir an miosúr/am atá thíos.

I hereby give permission to the Class Teacher / Principal to administer the medication
listed below, to my child in the dosages, and at the times stated on this form.

Ainm: (Child's Name) _____

Rang: (Class) _____

Leigheas de dhíth: (Medication Required) _____

Fáth don Leigheas: (Reason for Medication) _____

Ordaithe ag: (Prescribed by) _____

Dáta Ordaithe: (Date Prescribed) _____

Miosúr Leighis: (Dosage) _____

Modh Glactha: (Method of Administration) _____

Am don Leighis ⁊ Minicíocht: (Time of Day to be Administered and for How Long) _____

Tuismitheoir: (Parent / Guardian Name) _____

Ur. Gutháin: (Daytime number)

Ur. Guthán póca: (Mobile number)

Síniú: (Parent / Guardian Signature)

Dáta: (Date) _____