



**OUR  
LADY'S  
SCHOOL**  
TERENURE



### CONFIDENTIAL MEDICAL FORM

For the duration of the trip teachers are acting in *loco parentis*. In the event of an accident or illness, medical information about your daughter may be required. Please fill in the form below with **as much detail as possible**. Information will be treated in the **strictest confidence**.

1. Student's Name:	Class:
2. Date of Birth:	
3. Contact number(s) for parent(s)/guardian(s):	
Name _____	No. _____
Name _____	No. _____
4. Does your daughter suffer from <b>any medical condition</b> (e.g. asthma, migraine etc.)? <b>Give full details.</b>	
_____	
_____	
5. If your daughter is bringing any medication with her, please specify <b>name and purpose</b> .	
_____	
_____	
6. Does your daughter have any <b>food allergies/dietary requirements</b> ? Please give details.	
_____	
_____	
7. Does your daughter have any <b>allergies to medication</b> ? Please give details.	
_____	
_____	
8. Has your daughter ever had a general anaesthetic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, did she suffer any adverse reaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### APPENDIX - CARLINGFORD SPECIFIC

Students Age whilst on trip:	
Is your daughter confident in Water:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Dublin 6w, D6WKF44

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**Principal:**  
Marguerite Gorby

**Deputy Principals:**  
Stephen Rhatigan, Aoife Ronan

Please be advised that by signing this document you are consenting to:

- (a) the transfer of relevant personal information (e.g. passport details, dietary requirements, relevant medical details) to the tour operator for the purposes of making travel arrangements.
- (b) your daughter receiving medication and/or medical treatment, in the case of an emergency, as considered necessary by the medical practitioners present.

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

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