Dearbhaíonn sé seo go dtugaim cead do (ainm an pháiste)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cóir leighis a fháil má chreideann dochtúir gur gá ar uair na práinne agus nach féidir dul i dteagmháil liom tar éis iarrachtaí réasúnta sula dtugtar an chóir leighis sin.

*I hereby give consent to (name of child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ receiving medical treatment if a doctor believes it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.*

Sínithe/*Signed*: Dáta/*Date*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gaol leis an bpáiste/*Relationship to Child*: Finné/Witnessed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dochtúir Ginearálta /General Practitioner:**

|  |  |
| --- | --- |
| **Ainm/*Name*:** |  |
| **Seoladh/*Address*:** |  |
| **Uimhir Ghutháin/*Phone Number*:** |  |

**Ba cheart do thuismitheoir/chúramóir an pháiste an fhoirm seo a shíniú agus ba cheart do bhainisteoir na seirbhíse nó ceannasaí ceaptha é a shíniú mar fhinné**

***This form should be signed by the parent/caregiver and witnessed by the service manager or designated person in charge.***

Síniú an Tuismitheora/Chúramóra

*Signature of Parent/Caregiver*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Síniú an Bhainisteora/an Cheannasaí

*Signature of Manager/Designated Person*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dáta/*Date*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Cógas Frith-fhiabhrasach/Anti-Febrile Medication

Mar a thuigeann tuismitheoirí/cúramóirí bíonn teocht ard ar pháistí ó am go ham. Toisc go bhfuil polasaí againn ar chógais bheadh sé cabhrach dúinn dá gcuirfeá tic sna boscaí ábhartha thíos agus an fhoirm seo a shíniú. Coinneofar an fhoirm go sábháilte i gcomhad do pháiste. Ar uair na práinne nuair nach féidir linn dul i dteagmháil leat nó do theagmháilí práinne ba mhaith linn a chinntiú go bhfuil sé sábháilte cógais fhrith-fhiabhrasacha a thabhairt do do pháiste faoinár gcúram.

*As parents/caregivers are aware, children tend to get high temperatures from time to time. As we have a policy on medication, it would be helpful if you could answer the questions below and sign this form. The form will be kept safely in your child’s folder. In the event of an emergency when we are unable to contact either you or your designated emergency contact, we would like to ensure that it is safe to give your child under our care anti-febrile medication.*

**Ainm an pháiste/*Name of child*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dáta/*Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **NÍL** AILLÉIRGE I LEITH CÓGAS FRITH-FHIABHRASACH AR MO PHÁISTE

*MY CHILD* ***DOES NOT*** *HAVE AN ALERGY TO ANTI-FEBRILE MEDICATION*

* **TÁ** AILLÉIRGE I LEITH COGAS FRITH-FHIABHRASACH AR MO PHÁISTE

*MY CHILD* ***DOES*** *HAVE AN ALERGY TO ANTI-FEBRILE MEDICATION*

* **TUGAIM CEAD** CÓGAS FRITH-FHIABHRASACH A THABHAIRT DO MO PHÁISTE

***I GIVE PERMISSION*** *FOR NAÍONRA \_\_\_\_\_\_\_\_\_\_\_\_ TO GIVE MY CHILD ANTI-FEBRILE MEDICATION*

* **NÍ THUGAIM CEAD** CÓGAS FRITH-FHIABHRASACH A THABHAIRT DO MO PHÁISTE

***I DO NOT GIVE PERMISSION*** *FOR MY CHILD TO BE GIVEN ANTI-FEBRILE MEDICATION*

Síniú/*Signed*:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Tuismitheoir/Cúramóir/*Parent/Caregiver*)

Dáta/*Date*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Síniú/*Signed*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Bainisteoir/*Manager*)

Dáta/*Date*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Dáileadh Leighis /Administration of Medicine

|  |
| --- |
| **Ainm an Pháiste/*Name of Child*:** |

|  |
| --- |
| **Tá treoracha iomlána maidir le dáileadh leighis marcáilte ar an leigheas féin agus mar seo a leanas:***Directions for the administration of medicine can be found on medicine container. Additional instructions are as follows***:** |

|  |
| --- |
| **Tugaim cead iomlán don Naíonra freagracht a ghlacadh as an leigheas ordaithe a thabhairt do mo pháiste \_\_\_\_\_\_\_\_\_\_\_\_ sa chaoi go bhfuil sé léirithe sna treoracha thuas.***The Naíonra has my permission to administer my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with the appropriate medicine as detailed above.* |

Síniú/*Signed*:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Tuismitheoir/Cúramóir/*Parent/Caregiver*)

Dáta/*Date*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ball Foirne*****Staff Member*** | **Finné*****Witness*** | **Dáta*****Date*** | **Am*****Time*** | **Líon*****Amount*** | **Ainm an Leighis*****Name of Medication*** |
|  |  |  |  |  |  |
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