**COVID-19**

**PARENT AND**

**CHILD DOCUMENTS**

**June 2020**

MCj04109290000[1]

**Oranmore Pre-School & Afterschool**

Ard Na Mara, Main St., Oranmore, Co. Galway.

**Contents:**

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**COVID-19 Parental Agreement Form**

**Parent’s name:**

**Child’s name:**

**Parent’s Emergency Contact Number:**

**Please note that this agreement is in addition to any existing parental agreements.**

**I agree to the following:**

* That I will complete ‘the return to service form’ for my child
* To comply with the service’s new arrival & collection procedures in the Covid-19 Policy and Response Plan
* To maintain social distancing of 2 meters from other adults & children while at the service and to not enter the building, unless this has been planned, in advance with the Manager/Supervisor
* To follow settling-in procedures as required for Preschool children, as directed by the Manager/Supervisor
* That I will **not** bring my child into the service if they are unwell or exhibiting any COVID-19 symptoms, <https://www2.hse.ie/conditions/coronavirus/symptoms.html>.
* That I will check my child’s temperature each morning before coming into the service and, if it is elevated to 38˚C or above, I will keep my child at home and contact my GP
* That my child and I will wash our hands before leaving home & on arrival the child will use hand sanitiser, one is fitted outside the front door and there is one inside the front hall.
* That my child will wear freshly washed clothes each day
* That my child will **not** bring toys or any other items into the service from home
* That I will not leave buggies or any other equipment at the service
* That I will follow procedures if my child becomes unwell while at the service, as outlined in the Covid-19 Policy & Response Plan
* That I will ensure I am contactable and will collect my child immediately, if my child becomes unwell while at the service
* To ensure the emergency contact numbers as provided in the COVID-19 Contact Details Form are active and can be contacted and will collect your child if necessary, should you be unable to or you are uncontactable
* That If my child is ill or quarantined normal fees apply

Your signature indicates your agreement with the above statements and confirms you have received a copy of the Covid-19 Policy & Response Plan.

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| **Parent/Guardian Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Manager/Supervisor Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**COVID-19 Parent & Emergency Persons Contact Details**

**Child’s Name:**

**Child’s School:**

**Child’s Class:**

**Child’s Teacher:**

**Child’s Parents:**

**Please note that these numbers are the most up to date contact details for my child’s emergency contacts and supersede any existing parental agreement.**

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| --- | --- | --- |
| **Name** | **Relationship to child** | **Contact Number(s)** |
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Your signature indicates that you have confirmed that these contact details for your child’s emergency contacts, are up to date and the contacts are aware of their responsibilities, as per the Covid-19 Policy & Response Plan, in the instance that you or your child’s other parent/guardian is uncontactable.

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| **Parent/Guardian Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**COVID-19 Return to Childcare Questionnaire**

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| --- | --- | --- |
| **Child’s Name** |  | |
| **Childcare Group** | Preschool Afterschool | |
| **Address** |  | |
| **Mobile No** |  | |
| **Parent / Guardian** |  | |
| **Date:** |  | |
| **(Please circle your answers below)** | | |
| Has your child visited any countries **outside Ireland,** excluding Northern Ireland and those countries listed on the Government Green list, [https://www2.hse.ie/conditions/coronavirus/travel.html#green-list](https://www2.hse.ie/conditions/coronavirus/travel.html#green-list ) , in the past **14 days**? | | **Yes / No** |
| **Is your child suffering from any of the outlined flu or COVID-19 symptoms?**  **(please circle Yes or No)** | Most common symptoms: |  |
| * Fever | **Yes / No** |
| * Dry cough | **Yes / No** |
| * Tiredness | **Yes / No** |
|  |  |
| Less common symptoms: |  |
| * Aches and pains | **Yes / No** |
| * Sore throat | **Yes / No** |
| * Diarrhoea | **Yes / No** |
| * Conjunctivitis | **Yes / No** |
| * Loss of taste or smell | **Yes / No** |
| * Rash or discolouration of fingers or toes | **Yes / No** |
|  |  |
| Serious symptoms: |  |
| * Difficulty breathing or shortness of breath | **Yes / No** |
| * Chest pain or pressure | **Yes / No** |
| * Loss of speech or movement | **Yes / No** |
|  |  |
| Did you consult a **Doctor** or other medical practitioner in the last 14 days for these, or similar symptoms? | | **Yes / No** |
| How is your child **feeling** now? Healthy and well? | | **Well / Unwell** |
| Have you or your child been in **contact** with someone who has tested positive for Covid-19 in the past **14 days**? | | **Yes / No** |
| Are you, or your child in contact with someone from a Covid-19 at-risk category? | | **Yes / No** |
| **NOTE:** When on site, children will be subject to the Covid-19 Policy & Response Plan, such as infection control involving hand hygiene, social distancing, pod system. | | |
| **Parent/Guardian Signature:** | | |
| **Date:** | | |

**COVID-19 Temperature Taking Consent Form**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Pod: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent that staff of Oranmore Preschool and Afterschool can take my child’s temperature as part of the COVID-19 Risk Management Strategy.

|  |
| --- |
| **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Manager/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**COVID-19 My Pod – Office use only**

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| --- | --- | --- |
| **Children in POD**  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Parent/Guardian Contact Details**  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Emergency Contact Contact Details**  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Date/Term:** |
| **POD Name & Location:** |
| **Keyworkers to POD:** |
| **Relief to POD:** |
| **Supervisor of POD:** |

**There will be a daily sign in and out register for children and staff of each Pod, which will facilitate contract tracing if required. Pods will not mix! This list is for staff use only and will not be shared or displayed under GDPR Regulations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **COVID-19 Incident Report – If a child presents with COVID-19 Symptoms – Office use only** | | | |
| **Name of Service:** | | | |
| **Incident Date:** | | **Incident Time:** | |
| **Location of Incident:** | | **Date of Report:** | |
| **Name of Child:** | | **Date of Birth:** | |
| **Names of Persons in POD:** Please attach signed Pod list | | | |
| **Tick box for Child’s Symptoms:** | | | |
| Most common symptoms:   * Fever * Dry cough * Tiredness | Less common symptoms:   * Aches and pains * Sore throat * Diarrhoea * Conjunctivitis * Loss of taste or smell * Rash or discolouration of fingers or toes | | Serious symptoms:   * Difficulty breathing or shortness * of breath * Chest pain or pressure * Loss of speech or movement |
| **Management:**  Was child brought to isolation area and by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of isolation area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time in isolation area: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What time was child collected by parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of collecting parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where was child collected from (location)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was child's temperature taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What was temperature? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was anti-febrile medicine given?  (If so attach medicine form) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Other Relevant Information/Comments:** | | | |
| **Employee’s Name:**  **Signature: Date:** | | | |
| **Manager/Supervisor’s Name:**  **Signature: Date:** | | | |
| **Parent’s/Guardian’s Name:**  **Signature: Date:** | | | |
| Has Parent/Guardian received copy of Incident Record? Yes/No  Has copy of Incident Record been placed on Child’s File? Yes/No  Was Tusla notified using the Early Years Inspectorate COVID-19 Notification Form? Yes/No Date:  Was COVID-19 confirmed? Yes/No | | | |

**COVID-19 Temperature Taking Record - If a child presents with COVID-19 Symptoms – Office use only**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Pod: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Temperature Taken | Reason |
|  |  |  |  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| --- | --- | --- | --- |
| Date | Time | Temperature Taken | Reason |
|  |  |  |  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| Date | Time | Temperature Taken | Reason |
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| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| Date | Time | Temperature Taken | Reason |
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| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Temperature Taken | Reason |
|  |  |  |  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

# Child Return to Service Questionnaire Following International Travel

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Mobile Number** |  |
| **Country or countries visited** |  |
| **Are these countries on the Green List?1** | **Yes / No** (circle one) |
| **Dates of Travel** | Departed from Ireland:  Returned to Ireland: |
| **Did you complete the Covid-19 Passenger Locator Form?** | **Yes / No** (circle one) |
| **Has your child observed the 14-day self-quarantine period since returning to Ireland?** | **Yes / No** (circle one) |
| **Is your child well, has no symptoms of COVID-19, has not tested positive and not awaiting test results?** | **Yes / No** (circle one) |

|  |  |
| --- | --- |
| **Parent/Guardian Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Print Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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#### Notes

* You do not have to restrict or self-quarantine on return from a visit to Northern Ireland or a country on the Green List.
* The government Green List of Countries is available on [https://www2.hse.ie/conditions/coronavirus/travel.html#green-list](https://www2.hse.ie/conditions/coronavirus/travel.html). It is extremely important to stay up to date with government advice on international travel as it will be updated and likely to change.

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# Child Return to Service Questionnaire Following Non-COVID-19 Related Illness

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Address** |  |
| **Mobile Number** |  |
| **Date** |  |
| **Is your child well and healthy now?** | **Yes / No** (circle one) |
| **Does your child have any symptoms of COVID-19?** | **Yes / No** (circle one) |

|  |  |
| --- | --- |
| **Parent/Guardian Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Print Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Administration of Medication Consent Form**

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents contact details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illness details:

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| --- |
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Medication, dose and time details:

|  |
| --- |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Medication Administered** | **Anything to note** | **Staff signature** | **Parent signature** |
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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to

Oranmore Preschool and Afterschool staff, to administer medication as outlined above to my child.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_