Pupil's Name:									
rupii s ivaille.									
D.O.B.								Photo of pupil.	
Present Class:								/	
								(Essential if child has medical	
(Please Tick)								condition.)	
Junior Infant	1 st	3rd	5 th		Sne	cial ASI	D		
Senior Infant	2nd	4th	6th			ciai 7 (Si			
		1							
If child has asthma has he/she an inhaler?									
Dana ha /ah a hain a ista a ah a 12									
Does he/she bring it to school?									
Please clarify in the table below, when it is to be used.									
Trease claim, in the		.,	 						
Please fill in for all	conditions.								
Symptoms /signs to look out for					\ ctio	n to ho	takan k	by staff member.]
Symptoms / signs to look out for					Actio	11 10 50	takeni	by stall member.	
									-
									•
]
									_
Contact Numbers 1:									
						3:			
	2:								

Medical Condition

If there is any other information we would need, please fill in over leaf.