**Coláiste Aoidh Mhic Bhricne**

**Foirm Shláinte | Health Form**

*[This form is to be printed, completed and handed in to the secretary upon registration upon arrival].*

The following are the treatments used for the most common complaints of the students during the course. Please fill in and sign the bottom of the page if these treatments are satisfactory, or indicate if they are unsuitable for you son/daughter. **If you do not return this form we may not be able to treat your son / daughter.**

Bring it with you and give to college staff on arrival. Any more serious ailments will be referred to the college doctor and prescribed medicines will be administered as necessary.

**Complaint Treatment**

Headache, cold & flu symptoms, menstrual pains,

toothache etc. Paracetamol

Minor cuts and grazes Savlon wound wash / Rolan powder

Minor burns Acriflex burn cream

Insect bites & stings Antisan cream

Toothache Toothache tincture or clove oil

Lip sores & mouth ulcers Carbosan Gel

Sore throat Dequacaine lozenges or Chloraseptic sore throat spray

Diarrhoea Diacalm

Cough Benylin

Dust in eye Saline sterile eye drops

Ainm Dalta(Student’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cursa | Course:\_\_\_\_\_\_\_\_\_\_

Any health problems (please be specific)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medication (please note dosage and timetable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is medicine to be stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other health / social information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical / Health Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s name and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 Family Emergency contact numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I approve of the above treatments being used where necessary for my daughter/son:***

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_