



Medical Emergency Consent Form

- In the event of my son needing medical attention while attending O'Connell Primary during school hours or while involved in after school activities, I give permission to school staff to bring my son to hospital.
- I also agree that the information detailing my son's medical history be given to the hospital authorities.
- I also give permission to the hospital concerned to give my son whatever treatment they deem necessary.

Signed: Date

Signed: Date

Emergency Medical Information

Pupils Name:	<input type="text"/>
Medical History: (Allergies etc.)	<input type="text"/>
Name of Doctor:	<input type="text"/>
Address:	<input type="text"/>
Phone No.:	<input type="text"/>



General Information

Pupil's Name

Date of Birth PPS Number

Address:

Previous School(s): (Include Preschools)

Class(es)

Nationality Date of arrival in Ireland

Religion Medical History

Family Background

Parent / Guardian 1 Parent / Guardian 2

Phone Number Phone Number

Occupation Occupation

Number of Children in family Place in family:

Emergency Contact Name Phone Number

Mobile Number for text messages from school

- Parents may be required to provide a copy of their son's Birth and/or Baptismal Certificate
- Any assessments/reports need to be provided. • Completion of this form does not guarantee a place in the school.

Signed: Date

Signed: Date



School Policies and Procedures

In enrolling my son in O'Connell Primary School I agree to the following requirements set out by the school:

- I accept that my son is subject to the Code of Behaviour of the school.
- I understand that O'Connell Primary promotes a Catholic Ethos and Religious Education will be delivered accordingly.
- I understand that O'Connell Primary has adopted the latest (2017) Child Protection Procedures as school policy.
- As a parent, I will follow all Child Protection Prevention measures taken by the school.
- I understand that as part of Child Protection Procedures my son will take part in the instruction of Stay Safe and Relationship and Sexuality Programmes.
- I give permission to the school to forward/receive relevant information regarding my son to the appropriate schools and agencies.
- I give permission for my son to attend Learning/Resource/Support classes if such support is available and approved by the school.
- I give permission for my son to be part of visits/ trips/ outings arranged and supervised by the school.
- I would like my son to participate in sports/musicals and other similar extra- curricular activities in the school and at other locations sanctioned by the school.
- I understand that pupils are not permitted to use personal mobile phones or computers on school property.
- I understand that my son is only permitted to access the internet or other online resources under the supervision of school staff.

Signed: Date
Signed: Date



School Policies and Procedures

I.T. Usage

- I give permission for photographs and/or video clips of my son to appear on the school website / Class Dojo / WhatsApp Broadcast
- I also give permission for photographs of my son to appear on school posters and publications.

Signed: Date
Signed: Date

Book Rental Scheme

- I accept that I must pay the required fee for my son's Book Rental Scheme.
- This includes necessary resources such as Arts & Crafts materials, computer software, photocopying etc.

Signed: Date
Signed: Date

Religious Ceremonies

- I give permission for my son to travel to events and ceremonies in the local church.

Signed: Date
Signed: Date