

Coláiste Chiaráin, An Cheathrú Rua, Co. na Gaillimhe.

**Dearbhú tinnis & ailléirge /Allergy & Illness declaration-----Scoláirí / Students 2021**

Tá sé éigeantach don tuismitheoir/caomhnóir an dearbhú seo a líonadh agus a shíniú, má bhaineann sé leat.  
*It is compulsory for the parent/guardian to fill and sign this declaration of illness and allergy form, if it applies to you.*

Ainm an scoláire: \_\_\_\_\_ Dáta Breithe: \_\_\_\_\_  
*Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_*

Cúrsa: Course dates: (A1) 31/05/'21 – 14/06/2021\_\_ (A2) 16/06/'21 – 30/06/2021\_\_

(B1) 01/07/'21 – 15/07/2021\_\_ (B2) 17/07/'21 – 31/07/2021\_\_ (C1) 02/08/'21 – 16/08/2021\_\_

Ainm agus sonraigh tinneas an scoláire:  
*Name and Description of Student's illness/allergy: \_\_\_\_\_*

Ainm an leigheas agus sonraigh cén chaoi a dtugtar é.  
*Name of medicine and how to take it: \_\_\_\_\_*

Cén stóráil a déantar ar an leigheas? i.e. (Cuisneoir).  
*How is Medicine stored? i.e. (Fridge): \_\_\_\_\_*

Síniú an tuismitheora/caomhnóra:  
*Signature of Parent/Guardian: \_\_\_\_\_ Dáta/ Date: \_\_\_\_\_*

Ainm an tuismitheora (Bloc Litreacha)  
*Name of Parent/Guardian (Block Letters): \_\_\_\_\_*

Sonraí teagmhála teileafóin:/Contact Phone Numbers: \_\_\_\_\_

Aire: Má bhaineann sé, tabharfar cóip den doiciméad seo don teaghlach óstach / Bean an Tí.  
Please note: If applicable, a copy of this document shall be given to the host family.

**Completed form to be forwarded, in advance of student's attendance, to:**

*Foirm le seoladh, roimh thús an chúrsa, chuig:*

**An Príomhoide, Coláiste Chiaráin, An Cheathrú Rua, Co. na Gaillimhe**