



**ALEXANDRA COLLEGE
DUBLIN**

**Short Stay Accommodation
For Junior and Senior School**

Name of Pupil: _____ DOB: _____
Address _____

Home Tel Number: _____ Email: _____
Year: _____

Dates required from: _____ to: _____ No of nights: _____
Payment attached: € _____ **Rate €75 per night**

Contact Information

Mother: _____ Tel Number: _____
Father: _____ Tel Number: _____
Emergency Contact: _____ Tel Number: _____

Allergies and Treatment Required

Medications: _____
Foods: _____
Other: _____

Medication Conditions (eg. Asthma, Diabetes, Epilepsy)

Current Prescribed Medications (Dosage and frequency)

Parent Consent To Treat

I give my consent for my daughter/ ward _____ to receive appropriate over the counter preparations for the relief of minor illness. I further agree that should any emergency treatments or operation become necessary when I am not immediately available it may be undertaken on the advice of the School Doctor or other attending doctor.

Signed: _____ **Date:** _____

Payment to be included with application.