



## GAECHOLÁISTE REACHRANN

Bóthar Mhainistir na Gráinsí  
Domhnach Míde,  
Baile Átha Cliath 13.

fón: 01-8770935 facs: 01-8770272

Ríomhphost: [reachrann@codubvec.ie](mailto:reachrann@codubvec.ie)

Suíomh Idirlín: [www.gcreachrann.ie](http://www.gcreachrann.ie)

Príomhoide: Máire Ní Ghealbháin B.A. (C.O, M.A..)

Príomhoide Tánaisteach: Ciarán Ó Rodaigh (B.A., A.D.O)

### Turas Scoile 2014 Lavarone –(13/02/14-18/02/14)

**Ainm an Dalta** / Student's name: \_\_\_\_\_

**Uimhir baile** / Home Number: \_\_\_\_\_

**Uimhir fón póca** / Mobile Number: \_\_\_\_\_

**Ainm Tuismitheoir nó Caomhnóir 1:**  
Name of Parent or Guardian 1: \_\_\_\_\_

**Uimhir baile** / Home Number: \_\_\_\_\_

**Uimhir fón póca** / Mobile Number: \_\_\_\_\_

**Seoladh** / Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**R-phost** / Email: \_\_\_\_\_

**Ainm Tuismitheoir nó Caomhnóir 2:**  
(Nó Teagmháiléigeandála)  
Name of Parent or Guardian 2:  
(Or Emergency Contact) \_\_\_\_\_

**Uimhir baile** / Home Number: \_\_\_\_\_

**Uimhir fón póca** / Mobile Number: \_\_\_\_\_

**Seoladh** / Address: \_\_\_\_\_

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**R-phost** / Email:

**Sláinte agus Sábháilteacht – Health and Safety**

***Luaigh aon riocht leighis atá ag do mhac/iníon le do thoil:***

Please mention any existing medical conditions:

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***Luaigh aon Oideas a chaitheann do mhac/iníon le do thoil:***

Please mention any current prescriptions:

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***Luaigh aon ailléirgí atá ag do mhac/iníon le do thoil:***

Please mention any allergies:

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***Aon eolas tábhachtach breise:***

Any important extra information:

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***Ta cead ag an dalta leigheas tinneas cinn a thógáil ar an turas.***

The named student has my permission to take the following head ache tablets if they on required on the trip:

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