# **Administration of Medication Policy**

Scoil Náisiunta Cill Richill Kilrickle N.S. Roll No: 16293H



This policy is formulated in accordance with guidelines issued by the (Primary Schools' Managerial Bodies) and the Irish National Teachers' Organisation.

#### Introduction

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon teachers to personally undertake the administration of medication.

The Board of Management requests parents to ensure that staff members are made aware in writing of any medical condition suffered by their child. This information should be provided at enrolment or at the development of any medical conditions at a later date.

Medication in this policy refers to medicines, tablets and sprays administered by mouth only.

#### **Policy Content**

## 1. Procedure to be followed by parents who require the administration of medication for their children

- The parent/guardian should write to the Board of Management requesting the Board to authorise a staff member to administer the medication or to monitor self-administration of the medication.
- Parents are required to provide written instructions from a medical practitioner outlining procedure(s) to be followed in the administration and storing of the medication (see: Appendix 2).
- Parents are responsible for ensuring that the medication is delivered to the school and handed over to a responsible adult. It is also the parent's responsibility to ensure that an adequate supply is available and in date.
- Parents are further required to indemnify the Board and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school (see: Appendix 2). The Board will inform the school's insurers accordingly.
- Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions from a medical practitioner of procedure(s) to be followed in storing and administering the new medication.
- Where children are suffering from life threatening conditions, parents are required to
  provide written instructions from a medical practitioner outlining outline clearly in what
  should and should not be done in a particular emergency situation, with particular
  reference to what may be a risk to the child (see: Appendix 3).

• Parents are required to provide a telephone number where they may be contacted in the event of an emergency arising as per School Enrolment Form (see also: Appendix 1)

### 2. Procedures to be followed by the Board of Management

- The Board, having considered the matter, may authorise a staff member to administer medication to a pupil or to monitor the self-administration by a pupil.
- The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
- The Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine.
- The Board shall inform the school insurers accordingly.
- The Board shall make arrangements for the safe and secured storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence.

### 3. Responsibilities of Staff Members

- No staff member can be required to administer medication to a pupil.
- Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
- Written instructions on the administration of the medication must be provided (see: Appendix 2).
- Medication must not be administered without the specific authorisation of the Board of Management.
- In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
- A written record of the date and time of administration will be kept (see: Appendix 4).
- In emergency situations, staff should do no more that is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.
- Parents should be contacted should any questions or emergencies arise.

SignedRoger_	Date 02.09.2021
Chairperson, Board of Management	
Colm Gibbong.	
Signed	Date 02.09.2021

Principal/Secretary to the Board of Management

# Appendix 1: Administration of Medication Policy Medical Condition(s) Details

Child's Nam	e:			Date of Birt	h://_	·	
Address:							
Emergency	Contacts (see a	also School Enro	olment Form)				
1) Name:				Phone:			
2) Name:		·		Phone:		<del></del>	
3) Name:				Phone:			
Child's Doct	Child's Doctor:		Phone:				
Name of re	levant health /	medical condit	tion(s) for your	child:			
Asthma 🛚	Allergies 2	Epilepsy 2	Seizures 🛚	Hearing ?	Eye sight 🛚	Other	?
f Other, ple	ase specify:						
	of Condition:						
e.g. Type of	allergy and rea	action level / [	Description, fre	quency and di	uration of seizu	re / etc	
Potential Tr	iggers:						
Activities to	be avoided:						

# Appendix 2: Administration of Medication Policy Administration of Medicine(s)

Medication Nam	ne:			
A copy of the practitioner:	Medication Prescription Detail Yes No (Requirement		ned, signed and dated by	a medical
Storage details:				
Dosage required	:			
Is the child to be	responsible for taking the preso	ription him/h	nerself? Ye	es No
If Yes:				
Signed:				
	Parent(s) / Guardian(s)		Medical Practitioner	
Date:	//	Date:	//	
absolutely necessar facilities for the safe I/We understand th inform the teacher any medical trainin medication.	he Board of Management authorise the y for the continued well being of my/ e storage of prescription medicines and at we must inform the school/teacher each year of the prescription/medical of and we indemnify the Board from	our child(ren). In that the prescript of any changes condition. I/We use	I/We understand that the school ribed amounts be brought in dail of medicine/dose in writing and understand that school personnel	may have no y if necessary. that we must may not have
Signed:	Downstal / Consultation		Madia   Duard   Cara	
Data	Parent(s) / Guardian(s)	Date	Medical Practitioner	
Date:	//	Date:	//	

# Appendix 3: Administration of Medication Policy **Emergency Procedures**

In the event of	
displaying any sympto	oms of his/her medical difficulty, the following procedures should be followed.
Procedure:	
1.	
2.	
3.	
4.	
5.	
6.	
Including:	Dial 999 and call emergency services.
	Contact Parents
Signed:	
	Parent(s) / Guardian(s) Medical Practitioner
Date:	/ Date:/

## Appendix 4: Administration of Medication Policy

## Record of Administration of Medicine(s)



Pupil's Name:			1922
Date of Birth:	,		
Medical Condition:			
Medication:			
Dosage Administered:			
Administration Details (Whe	n, Why, How)		
- <u></u>			
Signed:		Date:	//