

St. Patrick's National School

Clonbullogue, Tullamore, Co. Offaly

Tel: 046-9730123

E-Mail: office@clonbulloguens.ie

Roll Number: 15325M

Administration of Medication Policy

The existing Administration of Medication Policy was reviewed by the school staff in May 2024. Minor amendments were made in accordance with guidelines issued by the Irish National Teachers' Organisation, and the school's insurers.

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 school staff 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.

In exceptional circumstances, where the administration of medication during the school day is necessary to allow the child's continued attendance at school, the Board of Management may authorize school staff to administer medication/monitor the self-administration of medication, in accordance with the following procedures. This authorization is subject to the agreement of the school staff and is to be tailored to the specific needs of the child, after consultation with relevant parties.

Policy Content

Procedure to be followed by parents who require the administration of medication for their children for the treatment of long-term life threatening medical conditions

- The parent/guardian should submit an Administration of Medication request form to the Board of Management requesting the Board to authorise staff members to administer the medication or to monitor self-administration of the medication (*See Appendix 1*).
- Depending on the severity of the condition/ procedures necessary to administer the medication, parents may need to arrange for members of the school staff to be trained in the correct procedures. They are requested to provide contact details of relevant medical personnel from whom school staff can seek advice and support.
- Parents are responsible for ensuring that the medication is delivered to the school and handed over to a responsible adult and for ensuring that an adequate and in-date supply is available. They are also responsible for supplying related pre-requisites e.g. safe storage box for needles, blood testing strips etc.
- 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. The Board will inform the school's insurers accordingly.

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- On school outings, parents are responsible for ensuring that medication required is transportable
- Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication. In cases where the Board is concerned that the written instructions to the Board are out-of-date or the training provided to staff is no longer adequate, the Board may withdraw the authorisation to administer the medication, pending these concerns being resolved to the Board's satisfaction.
- Where children are suffering from life-threatening conditions, parents should outline clearly in writing, what should and what should not be done in a particular emergency situation, with particular reference to what may be a risk to the child.
- Parents are required to provide a telephone number where they may be contacted in the event of an emergency arising.
- Parents are required to arrange alternative arrangements for the administration of medication to the child (e.g. the parent comes into the school to administer the medication), while awaiting the decision of the Board and until the staff are appropriately trained and all relevant documentation has been provided to the satisfaction of the Board and staff members.

Procedures to be followed by the Board of Management

- The Board, having considered the matter, may authorise staff members to administer medication to a pupil or to monitor the self-administration by a pupil.
- The Board will ensure that the authorised person/people is/are 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 storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence.

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.
- 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.
- In emergency situations, staff are expected to do no more than is obviously necessary

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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.

Ratified by Board of Management on

Eng Coconn
Date

27-05-24

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(Appendix 1)

Request to Board of Management regarding Administration of Medication

Board of Management,
St Patrick's NS,
Clonbullogue,
Co Offaly

Date:.....

Dear Chairperson,

I / We, the parents / guardians of ask the Board of Management of St Patrick's NS Clonbullogue, to allow a member of staff to give medication to my child as per the Administration of Medication Request Form (attached).

Should there be any change in medication, I/we will write to the Board of Management before this change takes place to notify them of same.

I/we have been provided with a copy of the school policy on the Administration of Medication and understand that staff members are not qualified medics, but will exercise the standard of care of a reasonable and prudent parent in their care of my child.

I /We understand that the school's insurers will be notified of this arrangement. I/We indemnify the Board of Management in respect of any liability that may arise regarding the administration of the medication.

Signed: _____

Date: _____

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Administration of Medication Request

Healthcare Plan for a Student with a Chronic Condition at School

Note: To be completed by Parents/Guardians

Date form completed: _____ Date for review: _____

Student's Information

Name of Student: _____ Class Level: _____

Date of Birth: _____ Age: _____

Student's Address: _____

Teacher's Name: _____ Class: _____

Siblings in the school: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Family Contact 1:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

Family Contact 2:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

Contact 3:

Name: _____

Phone (day) Mobile: _____ Phone (evening): _____

Relationship to student: _____

GP/Family Doctor:

Name: _____ Phone: _____

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Consultant 1:

Name: _____ Phone: _____

Condition information for: _____

Consultant 2 (if applicable):

Name: _____ Phone: _____

Condition information for:

3. Details of the student's condition(s)

Signs and symptoms of this student's condition(s):

Triggers or things that make this student's condition(s) worse:

4. Routine Healthcare Requirements

During school hours:

Outside school premises; e.g. tours, activities:

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In an emergency situation:

5. Regular Medication

[**For School Staff:** Please also refer to the Emergency Plan for the condition attached to this plan]

7. Activities - Any special considerations to be aware of?

8. Any other information relating to the student's health care in school?

The school may contact the person named below for further information or training.

9. Name of Hospital Nurse for the student

Name: _____

Address: _____

Phone: _____

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Parental agreement (please tick the correct reply)

I agree or I do not agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

Signed by parent: _____

Print name: _____

Date: _____

Permission for emergency medication (please tick correct reply)

In the event of an emergency, I agree or I do not agree

with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan. I understand that the staff /school will not be responsible for any incident/issue that may arise to the administration and/or non-administration of this medication.

Signed by parent: _____

Print name: _____

Date: _____

The Board of Management has agreed this Healthcare Plan during the meeting

held on _____.

Chairperson
Board of Management

Date

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Emergency Medication Provision School Record

DATE	TIME	STUDENT'S NAME	MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF MEMBER	PRINT NAME

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This form is optional for parents but is recommended for potentially serious/life-threatening conditions

Management of Chronic Medical Conditions - For Staffroom Noticeboard

Child's name: _____

Current Class/Room No: _____

Teacher's name: _____

(Insert photo below)

Details of Child's Medical Condition:

What Staff Should Do in an Emergency Situation:

Parent signature: _____

Date: _____