ADMINISTRATION OF MEDICATION POLICY

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 of the procedure to be followed in the administration and storing of the medication. (see Appendix 1)
    - 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 supply is available.
    - 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.
    - 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.
    - 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.

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 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.
- 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. (Appendix 2)
- 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.

Ratified by Board of Management on 22/04/26
Date

Signed Colette Power
Chairperson, Board of Management

APPENDIX 1

Request for Administration of Medication – Information & Consent
Child's name _____ Date of birth _____
Weight _____
Name of medication _____
Dosage _____
Under what circumstances should medication be given: _____
Condition for which medication required: _____
Other medication being taken: _____

My child CAN /CAN NOT self-administer this medication (circle one).

GP name _____ Phone no. _____
1st Emergency contact _____ Mobile no. _____
2nd Emergency contact _____Mobile no. _____

Staff trained / untrained and willing to administer medicines if necessary:
1. _____ trained (Yes / No)
2. _____ trained (Yes / No)
3. _____ trained (Yes / No)

Storage Details:_____

I consent for staff members in the School to administer/supervise administration of _____, in dosage of _____, to my child under the circumstances outlined above. I understand that information about my child's medical condition and treatment will be shared with School staff, and in the event of an emergency with the GP or other medical personnel. I also consent to the disclosure of this information to the School's insurers if required. I / we request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well-being of my/ our child. I / we understand that the school has no facilities for the safe storage of the prescription medicines and the prescribed amounts be brought in daily. I / we understand that we must inform the school/ teacher/ SNA of any changes of medicine/ dose in writing and that I / we must inform the teacher each year of the prescription/ medical condition. I / we understand that no school personnel have any medical training and we indemnify the Board of Management, without prejudice to the generality, the said pupil's teacher, SNA and staff members from any liability that may arise from the administration of medication. I / we understand that information about my / our child's medical condition and treatment will be shared with school staff, and in the event of an emergency with the GP or other medical personnel. I /we also consent to the disclosure of this information to the school's insurer if required.

Signed: _____ Parent/ Guardian. Signed: _____ Parent / Guardian.

Date: _____

Appendix 2
Record of Administration of Medicines

Pupils Name: _____

DATE / TIME	MEDICATION	DOSAGE	ADMINISTERED BY	WITNESSED BY