



# Toonagh National School

## 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. (**Appendix 1**)
  - 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 (**Appendix 3**).

## 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 4**)
- In emergency situations, staff should do no more than 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.

### Implementation and Review:

This Policy will be reviewed, as deemed necessary, by the Board of Management.

### Ratification:

This Policy was ratified by the Board of Management of Toonagh National School at its meeting on 29/02/2018.

Signed: Marie Slattery  
(Chairperson, Board of Management)

Date: 20/02/2018

Donnchadh Kelleher  
(Principal)

**Update and Review:**

This Policy was updated and reviewed by the Board of Management of Toonagh National School on 19/10/20.

**Signed:** Marie Slattery  
(Chairperson, Board of Management)

**Date:** 19/10/2020

Gearóid Roughan  
(Principal)

**Appendix 1 - Form 1**

**Administration of Medication to Students**

**Request to Board of Management of Toonagh National School.**

1. I / We, the parents / guardians of ..... ask the Board of Management of Toonagh National School to allow a member of staff to give medication to my child .....
2. I enclose a letter from Dr. .... stating:
  - (a) Why the medication is needed
  - (b) Name of medication
  - (c) Time the medication should be administered
  - (d) Dosage to be administered
3. 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
4. I /We understand that the school's insurers will be notified of this arrangement
5. I/We indemnify the Board of Management in respect of any liability that may arise regarding the administration of the medication

Signed: .....  
(Parent / Guardian)  
Date:.....

Signed: .....  
(Parent / Guardian)  
Date:.....

**Appendix 1 - Form 2**

**Allergy Details**

Type of Allergy: \_\_\_\_\_

Reaction Level: \_\_\_\_\_

Medication: \_\_\_\_\_

Storage details: \_\_\_\_\_

Dosage required: \_\_\_\_\_

**Administration Procedure (When, Why, How)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 2 - Form 1**

**Administration of Medication to Students**

Dear Doctor,

The Board of Management of *Toonagh N.S.* requests that the information required below be provided relating to medication which is administered to students during school hours.

The parents /guardians of ..... have been asked to return the information to the school and to advise of any changes to this regime in the future.

Many thanks for your co-operation in this matter.

Yours Sincerely

---

Principal.

**Appendix 2 - Form 2 of Administration of Medication Policy for Toonagh N.S.**

**Instructions:**

**(To be filled out by a Doctor)**

Name of Student:.....

Name of Medication: .....

Why is this medication required: .....

.....

Time medication should be administered: .....

Dosage to be administered: .....

**Additional Information**

(eg. Symptoms, to be taken after meals, etc)

.....

.....

.....

**Administration Procedure (When, Why, How)**

.....

.....

.....

.....

.....

.....

Signed: .....

Date: .....

**Appendix 3**

**Staff Information/ Procedure**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Emergency Contacts**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Prescription Details: \_\_\_\_\_

Storage details: \_\_\_\_\_

Dosage required: \_\_\_\_\_

Is the child to be responsible for taking the prescription him/herself?

\_\_\_\_\_

Teacher Responsible for Administration of Medication:

\_\_\_\_\_

In case of teacher absence:

1) \_\_\_\_\_

2) \_\_\_\_\_



**Appendix 4**

**Record of Date and Time and Dosage of Medication**

**Toonagh NS**

Name: \_\_\_\_\_

| Date | Time | Medication | Signed: |
|------|------|------------|---------|
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |
|      |      |            |         |