



## **St. Brigid's Primary School**

### **Policy on the Administration of Medication**

#### **Introduction and Rationale**

This policy was formulated to provide guidelines on procedure and protocols in relation to the administration of medication in the school. While the school management has a duty to safeguard the health and safety of pupils when they are engaged in school activities, this does not imply a duty upon teachers to personally undertake the administration of medication.

The school management requests parent(s)/guardians(s) 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 condition at a later date.

Medication in this policy refers to medicines, tablets and sprays administered by mouth only, as well as injections where necessary.

This policy should be read in conjunction with other relevant policies i.e. Health & Safety policy and Substance Use policy.

#### **Aims**

The aims of this policy are:

- To ensure that the needs of children who require administration of essential medications during the school day are met, in line with best practice
- To ensure compliance with relevant legislation
- To ensure that any involvement in administration of medication complies with best practice guidelines

## **Content**

### **Procedures for the Management of Medication**

#### **1. Storage of medication**

- Unprescribed medicines will neither be stored nor administered to pupils in the school.
- Prescribed medicines will not be administered in the school without the written consent of parent(s)/guardian(s) and the specific authorisation of the principal and relevant staff member.
- Medicines should not be kept by the pupils at any stage.
- All medicines must be kept in a drawer (filing cabinet) in the child's classroom. The key for this will always remain on a hook on the top right/left of the interactive whiteboard. The relevant drawer will be marked with a first aid symbol.

#### **2. Administration of medication**

- Administration of medication will take place where necessary for pupils with diagnosed illnesses.
- Clearly understood and agreed upon arrangements will be made with the board of management, principal and class teacher before any medicines will be administered to a child.
- Parents will be encouraged to provide maximum support in helping the school accommodate the child.
- Parents will be asked to outline in writing, what can and cannot be done in particular emergency situations involving their child.

### **Procedures and Responsibilities**

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

- a) The parent/guardian should write to the principal requesting them to authorise a staff member to administer the medication or to monitor self-administration of the medication, using the "Request for Administration of Medication – Information and Consent" form (Appendix 1)
- b) Parent(s)/guardian(s) are required to provide written instruction of the procedure to be followed in the administration and storing of the medication (Appendix 1)
- c) Parent(s)/guardian(s) 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.
- d) Parent(s)/guardian(s) are further required to indemnify the Board of Management and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school. The Board of Management will inform the school's insurers accordingly (Appendix 2)
- e) Changes in prescribed medication, or dosage of medication, should be notified immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication/new dosage of medication.

- f) Where children are suffering from life-threatening conditions, parent(s)/guardian(s) should outline, clearly in writing, what should and should not be done in a particular emergency situation, with particular reference to what may be a risk to the child.
- g) Parent(s)/guardian(s) are required to provide a telephone number where they may be contacted in the event of an emergency arising.

## **2. Procedure to be followed by the Principal/Board of Management (BOM)**

- a) The Principal/Board of Management reserves the right to request written confirmation of medical advices from the child's doctor, including confirmation of the dose and circumstances giving rise to the need for the administration of medication (Appendix 3). This may be done in addition to the parent/guardian completing appendix 1 and appendix 2, if the Principal/BOM require further information/clarification.
- b) The Principal, on behalf of the BOM, having considered the matter, may authorise a staff member to administer medication to a pupil or to monitor the self-administration by a pupil.
- c) The Principal, on behalf of the BOM, will ensure that the authorised person is properly instructed in how to administer the medicine
- d) The BOM shall seek an indemnity from parents in respect of liability that may arise regarding the administration of medication
- e) The BOM shall liaise with the insurers where relevant
- f) The relevant members of the school First Aid Team 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.
- g) The relevant members of the school First Aid Team will seek the willingness and agreement of staff members to administer medication upon their appointment to the school (Appendix 6). The document detailing relevant pupils and their medication needs will be updated and circulated at the start of every school year, or whenever there is a change to medications required.

## **3. Responsibility of staff members**

- a) No staff member is obliged to administer medication to a pupil
- b) Any staff member who is willing to administer medication should do so under strictly controlled guidelines in the belief that the administration is safe
- c) Written instruction for the administration of medication must be provided
- d) Medication must not be administered without the specific authorisation of the parents/guardians and the principal
- e) In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent
- f) A written record of the date and time of administration will be kept on the individual's child's profile on Aladdin (Template Appendix 4)
- g) 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
- h) Parent(s)/guardian(s) should be contacted should any queries or emergencies arise.

## **Implementation and Review of Policy**

Detailed information for school staff to facilitate the safe and effective implementation of this policy is included in Appendix 5. Parent(s)/guardian(s) are invited to contact the principal immediately if they have any concerns about the implementation of this policy in relation to their child's medication.

The Administration of Medication policy will be reviewed in line with the Health & Safety policy and the Substance Use policy.

The review of this policy will take place in 2025. An early review will be undertaken in the following events:

1. A clinically significant discrepancy is identified between the medication administered and that which is authorised on the relevant "Request for Administration of Medication – Information and Consent" form.
2. Feedback indicates that any aspect of the policy is causing a pupil or any other member of the school community undue distress.

The principal and the Board of management will have ultimate responsibility for the policy, its implementation and its review.

## **Communication and Ratification of Policy**

The attention of all newly appointed staff will be drawn to this policy upon their appointment to the school by the NQT mentors.

This policy will be brought to the attention of parent(s)/guardian(s) where necessary. It is available for staff consultation on Aladdin. A copy of this policy will be made available to the Department of Education and Skills and the Patron, if requested. Hard copies of this, and all school policies, are available at the school upon request.

The Board of Management adopted this policy on 4th October 2021.

Signed: Amanda Mc Garry  
(Chairperson, BOM)

Signed: Michelle Stedman  
(Principal)

Appendix 1:

**Request for Administration of Medication –Information & Consent**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Condition for which medication is required: \_\_\_\_\_

Circumstances when medication should be administered: \_\_\_\_\_

\_\_\_\_\_

Other medication being taken: \_\_\_\_\_

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

GP Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

1st Emergency contact: \_\_\_\_\_ Mobile no: \_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_ Mobile no: \_\_\_\_\_

I request consent for staff members in the school to administer/supervise the 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.

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

Print name: \_\_\_\_\_

Appendix 2:

### Administration of Medicines in School - Indemnity

THIS INDEMNITY made the \_\_\_\_\_ day of \_\_\_\_\_ in 20 \_\_\_\_\_  
BETWEEN \_\_\_\_\_ (lawful guardian(s)) of  
\_\_\_\_\_ (hereinafter  
called 'the parents' of the One Part AND for and on behalf of the Board of Management of  
St. Brigid's Primary School situated at The Coombe in the County of Dublin (hereinafter  
called 'the Board') of the Other Part.

WHEREAS:

1. The parents are respectively the lawful guardian(s) of \_\_\_\_\_, a  
pupil of the above school
2. The pupil suffers on an ongoing basis from the condition known as  
\_\_\_\_\_
3. The pupil may, while attending the said school, require in emergency circumstances, the  
administration of medication:  
\_\_\_\_\_
4. The parents have agreed that the said medication may, in emergency circumstances, be  
administered by the said pupil's classroom teacher and/or such other member of staff of the  
said school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parents hereto as follows:

In consideration of the Board entering into the within Agreement, the parents, as the lawful  
guardian(s) of the said pupil HEREBY AGREE to indemnify and keep indemnified the board,  
its servants and agents including without prejudice to the generality the said pupil's class  
teacher and/or the Principal of the said school from and against all claims, both present and  
future, arising from the administration or failure to administer the said medicines.

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

Print name: \_\_\_\_\_

Appendix 3:

### Administration of Medication – Letter to Doctor

Dear Doctor,

The Board of Management of St. Brigid's Primary School requests that the information required below be provided relating to medication which is administered to students during school hours. The parent(s)/guardian(s) of \_\_\_\_\_ have been asked to return the information to the school and to advise of any changes to their medication in the future.

Many thanks for your co-operation in this matter.

Yours sincerely,

\_\_\_\_\_

Principal

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Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Why is this medication required?

\_\_\_\_\_

Circumstances when medication should be administered:

\_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

Stamp:

Appendix 4:

**Administration of Medication – Record**  
**(This must be uploaded to the pupil's Aladdin profile)**

Medication Chart for \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Class: \_\_\_\_\_

Date and Time of Medication Administration: \_\_\_\_\_

Drug Administered: \_\_\_\_\_

Dosage Administered: \_\_\_\_\_

Reason for Medication Administration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) informed of medication administration (give details):

\_\_\_\_\_  
\_\_\_\_\_

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

Appendix 5:

## **Administration of Medication – Staff Guidelines**

### **General Guidelines**

- All forms and letters concerning administration of medication will be stored in the school office, in each pupil's confidential file. These records are stored in compliance with relevant data protection legislation.
- When a letter regarding a change in dosage or an updated "Request for Administration of Medication – Information and Consent" form is received, this will be stapled to the FRONT of the existing form, to ensure that the updated information is not overlooked.
- Any handwritten notes made on a "Request for Administration of Medication – Information and Consent" form to update it in line with written information provided by parents/guardians will be initialled and dated.
- When an updated "Request for Administration of Medication – Information and Consent" form is received, the original will be retained, but will have a line drawn through it, to indicate that it is now superseded.

### **Records of Medication Administration**

- A record folder will be maintained in the pupil's individual file on Aladdin. When medication is administered, record this on the pupil's Aladdin profile. If you are unable to access Aladdin, use Appendix 4 above and upload the information to Aladdin once you can access it. Each entry must include the date and time, name of child, medication and dose administered, reason for administration and the name of the person administering it.

Appendix 6:

Date:

**Re: Administration of Medication**

Dear \_\_\_\_\_,

Following an application to the school to request administration of medication/supervision of the administration of medication, I am writing to ask if you are willing to administer/supervise the administration of medication to pupils in the school as outlined on the school's administration of medication document, see attached.

Please reply to in writing (below) to express your willingness, or not, in administering medication/supervising the administration of medication to the pupils as detailed on the school's administration of medication document.

Yours sincerely,

\_\_\_\_\_

(Secretary of BOM)

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I, \_\_\_\_\_,

**am** willing to administer medication/supervise the administration of medication to pupils as outlined on the school's administration of medication document.

**am not** willing to administer medication/supervise the administration of medication to pupils as outlined on the school's administration of medication document.

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