



*Powerstown Educate Together National School*

# Administration of Medication Policy

*This policy has been formulated by Powerstown ETNS to comply with legislation, HSE guidelines, INTO guidelines, direction from Insurance Company and the Department of Education and Skills guidelines.*

## Contents

Introductory Statement.....	1
Rationale and Background.....	1
Make Principal & teacher aware of child's Medical Condition(s).....	1
Board of Management Guidelines.....	1
Procedure in exceptional circumstances .....	2
Appendix 1: REQUEST FOR A SCHOOL TO MONITOR AND/OR ADMINISTER MEDICATION .....	4
Appendix 2: MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS .....	7
Appendix 3: ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY.....	9

## Introductory Statement

This policy has been formulated by the interim Board of Management, Helena Regan (principal), Gerry McKevitt (Manager) and staff (Katie Flynn and Lorraine Cullivan)

The administration of medication policy should be read in conjunction with other relevant policies- Health and Safety Policy.

Copies of this policy will be given to each member of staff, to those responsible for after school activities and to members of the Board of Management. It will be uploaded onto the school website and copies will be made available to parents/guardians.

## Rationale and Background

The Board of Management at Powerstown Educate Together School have a duty to protect the health and welfare of all its pupils during school day and/or school related extra-curricular activities both on and off the school premises. The teaching staff are acutely aware of their responsibility in ensuring each pupils safety and welfare while on the school premises while also insuring that each pupil achieve their educational attainment and at no time have their opportunity for learning compromised.

**This responsibility does not require a teacher to administer medication to any of his/her pupils at any time.**

## Make Principal & teacher aware of child's Medical Condition(s)

The Board of Management requests parents to ensure upon enrolment into the school, the principal is **made aware in writing of any medical conditions** suffered by any children in the school.

The Board of Management requests parents to ensure that teachers are made aware **in writing** of any medical conditions suffered by any children in their class

## Board of Management Guidelines

- No teacher should be instructed to administer medication, particularly where the incorrect administration of such could result in harm caused to the pupil.

- On the occasions where a pupil is unwell with any short term illness, for health and safety reasons, the school requests that each parent keep their child at home until they are well enough to return to school.
- Any administration of such medication as antibiotics relating to this illness needs to be arranged for outside of school hours.
- In the event of a child becoming unwell during the school day the parents will be contacted without delay and will be requested to collect their child from school.
- Where the situation arises that a child falls seriously ill during school hours or has had an accident on the school premises their parents and the emergency services will be contacted immediately
- Powerstown Educate School will not store or administer any medication.
- The Board of Management is aware however that there are the exceptional circumstances which may necessitate that a child with a long term illness or a life threatening illness may require medication during the school day. It is also imperative that this requirement does not impede on their educational experience and their opportunity to learn.
- The Board has put in place the following procedures in order to protect the safety and welfare of the pupil and that of the teaching staff in such situations.

## Procedure in exceptional circumstances

1. Where a pupil may require medication during the school day the parents of that pupil are requested to arrange a meeting with the principal in relation to this to discuss with him/her the details relating to this situation. The Board of Management are aware that none of the school staff have a medical background or experience that would qualify them to administer medication and protect them in situation as this.
2. The Board then require the parents to complete the relevant forms and put a request in writing to the Board. This can be a request for the monitoring of self administration of medication or a request to administer medication. This is the requirement before a decision can be reached by the Board in relation to both the monitoring and administrating of medication.
3. The parent could come to the school in order to facilitate the administration of medication.
4. This would be the preferred arrangement however If this is not possible The Board will review the situation on a case by case basis.
5. If the request is approved by the Board, it is the parent's responsibility to ensure that there is enough of supply of the medication in the school and that this would be brought in on a daily basis.
6. The parents are required to sign an indemnity form that protects the Board and the teaching staff for any liability that may occur from the administration of this medication.
7. The Board will inform the insurers of these details.
8. The Board reserves the right to refuse the request from the parents for the administration of medication.

9. If after careful consideration and in exceptional circumstances an identified member of the staff may be the person who will be responsible for the administration of the medication. However no staff member can be instructed to administer medication. Where it has been agreed that an identified teacher has agreed to administer medication they need to be informed clearly on the dosage required and the details of administration. This is the parents responsibility
10. Under no circumstances can a staff member administer medication without another staff member present.
11. The medication will be stored on a daily basis under the direction and guidelines of the Board of Management.
12. All such medication must have clearly labelled instructions regarding dosage, storage etc
13. A record of any such administration is kept.

**The administration of medication must be kept to a minimum as reviewed by the Board of Management on an individual case by case basis.**



# Powerstown Educate Together National School

Roll number 20384J

Powerstown Road, Tyrrelstown, Dublin 15

Telephone: 01 8272018

Email: [info@powerstownet.com](mailto:info@powerstownet.com)

[www.powerstownet.com](http://www.powerstownet.com)

## Appendix 1: REQUEST FOR A SCHOOL TO MONITOR AND/OR ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Board has agreed that a member of the school staff has of his/her own free will agreed to administer the medicine

### Details of Pupil

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

M ☐ F ☐

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

### Medication

**Parents must ensure that in date properly labelled medication is supplied.**

Name/Type of Medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

### Full Directions for use:

Dosage and method

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

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the school needs to know about?

---

---

Self-Administration

Yes/No (delete as appropriate)

### Procedures to take in an Emergency

---

---

---

### Contact Details

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(agreed member of staff) and accept that this is a service, which the school is not obliged to  
undertake. I understand that I must notify the school of any changes in writing.

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

### Agreement of Board of Management

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at \_\_\_\_\_  
(time(s) medicine to be administered e.g. lunchtime or afternoon break).

This child will be given / supervised whilst he/she takes their medication by  
\_\_\_\_\_ (name of staff member).

This arrangement will continue until \_\_\_\_\_ (either end date of course of  
medicine or until instructed by parents)

**Signed** \_\_\_\_\_  
(The Principal)

**Date** \_\_\_\_\_

**Signed** \_\_\_\_\_  
(The staff who will monitor/administer medication)

**Date** \_\_\_\_\_

**Signed** \_\_\_\_\_  
(The Chairperson of BOM)

**Date** \_\_\_\_\_



# Powerstown Educate Together National School

Roll number 20384J

Powerstown Road, Tyrrelstown, Dublin 15

Telephone: 01 8272018

Email: [info@powerstownet.com](mailto:info@powerstownet.com)

[www.powerstownet.com](http://www.powerstownet.com)

## Appendix 2: MEDICATION PLAN FOR A PUPIL WITH MEDICAL NEEDS

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of Pupil \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

### Contact Information

#### 1 Family contact 1

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship \_\_\_\_\_

#### 2 Family contact 2

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Relationship \_\_\_\_\_

#### 3 GP

Name \_\_\_\_\_

Phone No \_\_\_\_\_

#### 4 Clinic/Hospital Contact

Name \_\_\_\_\_

Phone No: \_\_\_\_\_



**Plan prepared by:**

Name \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

---

---

---

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

---

---

---

Members of family trained to administer medication for this child

---

---

Describe what constitutes an emergency for the child, and the action to take if this occurs

---

---

---

---

Follow up care

---

---

---

**I agree that the medical information contained in this form may be shared with individuals involved with the care and education of**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Carer

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.



# Powerstown Educate Together National School

Roll number 20384J

Powerstown Road, Tyrrelstown, Dublin 15

Telephone: 01 8272018

Email: [info@powerstownet.com](mailto:info@powerstownet.com)

[www.powerstownet.com](http://www.powerstownet.com)

## Appendix 3: ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY

### Powerstown Educate Together National School

THIS INDEMNITY made the ..... day of 20..... BETWEEN

.....  
..... (lawful father and mother of ..... ) of  
(hereinafter called 'the parents')

of the One Part

AND..... for  
and on behalf of the Board of Management of Powerstown Educate Together National School, situated on  
Powerstown Road, Tyrrelstown in Dublin 15 (hereinafter called 'the Board') of the Other Part.

#### WHEREAS:

1. The parents are respectively the lawful father and mother 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, viz. ....
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 parties hereto as follows:

- a) In consideration of the Board entering into the within Agreement, the parents, as the lawful father  
and mother respectively 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.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and  
year first herein WRITTEN.

SIGNED AND SEALED by the parents in the presence of: \_\_\_\_\_

SIGNED AND SEALED by the said in the presence of: \_\_\_\_\_