



Administration of Medicines Policy 2025

The Board of Management of St Catherine's National School recognises its duty to safeguard the health and safety of pupils when they are engaged in authorised school activities. Each school year parents must make staff aware in writing of any medical condition suffered by any children in their class. However, this does not imply a duty upon teachers to personally undertake the administration of medication.

Drugs and Medication

In the case of routine illness prescribed medication, such as a course of antibiotics, will not be administered by school staff. Non-prescriptive medicines will neither be stored nor administered to pupils in school. Where a child requires a non-prescriptive medication (eg Paracetamol), this should be administered at home before school. Parents will be reminded not to send these medications in with children.

Regarding long term illnesses/conditions the following procedures apply regarding the administration of drugs and medication:

1. Written details are required from the parent/guardian to the Board of Management giving the following details:

- the name of the child
- the brand and generic name of the medication
- the dose of the medication required
- whether the child should be responsible for the administration of his/her own medication.
 - all inhalers should be self-administered
- the circumstances in which medication is to be given by a staff member and consent for it to be given
- the circumstances under which the parent is to be notified and where s/he can be contacted

Where a child has a Medical Care Plan, there are several responsibilities regarding continuity of this plan in the event of absence of Class Teacher or SNA.

1

a) The Class Teacher: The class teacher will include any relevant information regarding administration of medicine in their attendance folder and absence folder to ensure replacement teachers have all relevant information. In the event of an absence where the class is split, they will ensure the SNA and SET support

teacher and the receiving teacher are aware of the plan, the needs of the child and the location of the medication.

b) Teacher splitting class: The teacher splitting class ensures the medication travels to the receiving class or where the medication is stored

c) Principal/Deputy Principal: Where an SNA or Class Teacher is absent and a substitute is in place, the Principal/Deputy Principal will ensure the substitute is informed of the MRP and may need to redeploy SNA support to best fulfil the medical needs of the children

2. Parents of a pupil requiring regular medication during school hours eg long-term conditions including diabetes, should write to the Board to authorise a member of staff to administer the medication in school.

3. Parents 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. An 'Administration of Medicines Schools Indemnity Form' is attached to this policy.

4. Where permission has been given by the Board of Management for the administration of medicine, the smallest possible dose should be brought to school by the parent, with clear written instructions for administration, giving the name of the pupil. Copies of these instructions should be given to teachers/SNA's and all relevant personnel. This information should also be included in teachers' attendance folders and absence folders. Parents will be required to instruct the appointed staff members in the administration of the medicine. The staff member, generally an SNA, will keep a log of the dosage of medication administered and the date of administration on the SNA's daily recording log.

5. When possible, the medicine should not be kept by the pupil. Medication (eg antihistamine, will be kept in the medicine press located in servery . Medication should be in a Ziploc bag and will be labelled with students name and class.

6. The medicine should be self-administered if possible, under the supervision of an authorised adult. The parent will write a brief note to the class teacher authorising them to supervise the self-administration of medicine.

7. 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. All medication must be labelled with the correct dosage instructions, including specific information for administration (e.g. Ventolin inhaler: 2 puffs if wheezing after activity). Changes in dosage will require the replacement of the previous medication. It is the parent's responsibility to ensure medication has not passed its expiry date.

8. Where children are suffering from life threatening conditions, parents should outline clearly in writing, what can/can't be done in a particular emergency situation, with particular reference to what may be a risk to the child.

9. In emergency situations qualified medical assistance will be secured at the earliest opportunity. Emergency contact details for ambulance etc are posted on the wall in the school office.

10. Medication should be collected at the end of the school year and re-filled again at the start of the new school year.

Parents should ensure that these procedures are clearly understood before submitting any request to the Board of Management.

Allergies

Parents of children with food or other allergies are requested to notify the school via the enrolment form and provide details in writing regarding the allergy and the measures for dealing with same. This information is included in class files and passed from teacher to teacher at end of year handovers. Information regarding allergies is also present on the class split list if a classroom teacher is absent and the child has to go to another classroom for the day. The administration of medication in relation to allergies will be done as per points 1 to 10 above.

To note: St Catherine's National School is a nut free zone.

This policy will be reviewed in the school year _____

Chairperson Board of Management _____

Date: _____

Hazards	Is the hazard present? Y/N	What is the risk?	Risk rating	Controls (When all controls are in place risk will be reduced)	Is this control in place?	Action /to do list/ outstanding controls	Person responsible	Signature and date when action completed
Students with temporary illness or a chronic medical condition		Danger of injury, seizure or death	L	The school obtains written and signed consent from the student's parents/ guardians to administer medication along with the appropriate instructions		*Risk rating applies to outstanding controls outlined in this column		

			L	At least two members of staff agree to take on the responsibility of administering medication			
			L	Designated staff should be instructed and trained in the appropriate procedure			
			L	Regular review and monitoring of the policy and procedures			
			L	Board of management establishes a school policy on administration and storage of medicines and medical devices			
			L	Designated teachers should be aware of the condition and its symptoms, the medication and required dosage and the frequency and manner of administration. Medication should be stored securely in the principal's office or staff room, should be clearly labelled and			

				identified with the student. School keeps written record of dates and times when medication was administered. In case of particularly complex or life-threatening medical conditions, the school should consider requiring parents to arrange for the administration of medication by a parent or medical professional			
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If there is one or more High Risk (H) actions needed, then the risk of injury could be high and immediate action should be taken. Medium Risk (M) actions should be dealt with as soon as possible. Low Risk (L) actions should be dealt with as soon as practicable.

Risk Assessment carried out by:

Date:

Medical Condition and Administration of Medicines

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?

What Action is 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 prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that 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 from any liability that may arise from the administration of the medication.

Signed _____ Parent/Guardian Date: _____

_____ Parent/Guardian

Allergy Details

Type of Allergy:

Reaction Level:

Medication:

Storage details:

Dosage required:

Administration Procedure (When, Why, How)

Signed: _____ - ___ Date: _____

Administration of Medicines in Schools – Indemnity Form

THIS INDEMNITY made the ___ day of _____ 20__

BETWEEN

Name(s) of Parent(s): _____

Lawful father and/or mother of: _____

(hereinafter called “the parents”) of the One Part

AND

For and on behalf of the Board of Management of: St Catherine’s National School, Rush, Co Dublin

(hereinafter called “the Board”) of the Other Part.

WHEREAS:

1. The parents are respectively the lawful father and/or 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(s) of staff at 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:

In consideration of the Board entering into this Agreement, the parents, as lawful father and/or mother respectively, agree to the above terms.

Signed on behalf of the Board of Management:

Signed by the Parent(s):

Signature: _____

Signature/s: _____

Name: _____

Name/s: _____

Date: _____

Date: _____