Administration of Medicines Policy

Swords Community College

June 2026

Date for review: June 2027

Chairperson of the Board	**Date**
Secretary to the Board	**Date**

Mission Statement

At Swords Community College, we believe there is a place for everyone. We are a welcoming, inclusive, multi-denominational school where students' opinions matter and their learning and welfare are at the center of all we do.

We support our learners to aim high and reach their full potential through strong pastoral care, engaging teaching which encourages and supports students individual learning styles, in a respectful and caring environment. Learning in our school blends traditional methods with digital technologies to create an experience that encourages curiosity and independence.

Through a rich and varied programme of extra-curricular activities, designed to cater to all interests and abilities, we encourage students to explore their passions, develop new skills and build confidence beyond the classroom.

Guided by our four pillars of Respect, Excellence, Resilience and Teamwork, we empower our students to become confident learners, active citizens and well-rounded individuals, prepared for further education and for life beyond school.

This policy is subject to periodic review through the appropriate channels such as Student Council, Staff Council, Parent Council and Senior Leadership Team and the Board of Management.

Introduction

This policy has been formulated by Swords Community College in conjunction with the DDLETB.

Relationship to other college policies and procedures

The Administration of Medication Policy should be read in conjunction with the following relevant policies of Swords Community College:

1. Health and Safety Policy
2. Child Safeguarding
3. Intimate Care Policy
4. Special Educational Needs Policy

The aims of this policy are:

• To meet the needs of students who require administration of essential medications during the school day, in compliance with legislation and in line with best practice.

• To protect Swords Community College staff members by ensuring that any involvement in medication administration complies with legislation and best practice guidelines.

Content

Non-prescription medication will not be stored or administered in Swords Community College. Students are not permitted to carry non-prescription medication in the college and such medications will be confiscated for secure retention and disposal by parents/guardians who will be contacted.

Prescription medication can only be stored/administered in Swords Community College following the submission of the written authority of the parents/guardians to the school Principal, Deputy Principal or Year Head.

This authority should authorise Swords Community College staff members to administer the medication and include written confirmation from a medical practitioner that the medication is such that a non-medical person may administer/supervise administration, together with confirmation of the medical dose and circumstances under which it should be given. Swords Community College staff members cannot be required to administer medication; however, they will be requested to volunteer, authorised to administer the medication and provided with training as required, and records of any such training will be maintained by the Principal. Swords Community College reserves the right, after due consideration, to deem the authority to administer medication to be invalid in circumstances where it is inappropriate.

The authority from parents/guardians requesting administration of medicines must be accompanied by the Authority for Administration of Medication — Information and Consent Form (see Appendix 1), summarising essential information to inform training of Swords Community College staff members and safe administration of the medication. This form should include the following non-exhaustive list of pertinent information: the students name, date of birth, weight, name and expiry date of medication, condition for which medication is required, other medication the student takes regularly outside school, allergies, medication dosage, circumstances under which it should be administered, ability of the student to self- administer

the medication, consent of the parent/guardian to self-administration and emergency contact information.

Consent for information concerning the need for medication administration to be shared with Swords Community College staff members, relevant insurers and medical practitioners is also included, as disclosure of this information may be of relevance if medical assistance is required for the student. Parents/guardians will also be asked to provide a signed Indemnity Form (see Appendix 2). Where a student may require medication, ideally a minimum of three Swords Community College staff members (often but not always including the class teacher) who are willing to administer this will be identified to ensure cover during sick leave, course days, etc. and inform contingency planning. Parents/guardians will be informed of Swords Community College staff members who are authorised to administer medication. Alternative members of staff will administer the medication in circumstances of unavailability and parents/guardians will be made aware of this.

If it is authorised and accepted that the medication can be stored and administered in Swords Community College, it will be stored in a locked cupboard or fridge in the Front Office. However, where this should pose a hazard (e.g. inhalers or adrenaline autoinjector, which may be required urgently), it will be securely stored in a sealed, transparent, unbreakable container labelled with the student's name, expiry date, dosage, circumstances under which it should be administered and consent of the parent/guardian to self-administration as, where possible, medication should be self-administered by the student under adult supervision or authorisation of administration and accessible by means of accessing via 'unbreakable' container.

It is the responsibility of the parents/guardians to ensure that an adequate supply of medication is in stock and that it has not passed its expiry date. In the event that medication passes its expiry date without being used, the student's parents/guardians will take responsibility for its safe disposal (usually by returning it to the pharmacy). It may be necessary to store medication in a controlled temperature environment of 40C in a refrigerator; therefore, medications that require to be stored in a refrigerator will be stored separately to food and other items in a dedicated refrigerator.

A change in medication and/or dosage will require immediate submission of an updated Authority for Administration of Medication Information and Consent Form, appendix 1, to be

submitted as outlined above. **It is the responsibility of the parents/guardians to ensure that the dosage noted on the container in which their child's medication is stored is also amended.**

A written record of all medication administered in Swords Community College will be maintained in the Front Office, Appendix 3. When medication is administered by Swords Community College staff members to treat an emergency (e.g. allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/ guardians will be notified by telephone and thereafter in writing. Under certain circumstances, it may be appropriate for a student to retain medication in their own possession and take responsibility, with the consent of their parent/guardian, for self-administration e.g. a student who would normally carry and use their own inhaler. A written authority to the Principal together with the documentation outlined above in respect of provision of consent is still required; however, Swords Community College will not maintain a record of medication used in circumstances where it is in the control and possession of the student, as Swords Community College staff members will have no involvement in respect thereof and cannot account for loss or misuse thereof. When consensual self-administration is routine (e.g. bronchodilator pre Physical Education (PE) in a student with exercise-induced asthma) and witnessed by Swords Community College staff member, a note will be placed in the student's school journal if applicable, with responsibility for monitoring same resting with the parents/guardians.

Prescribed medication will only be administered to the student for whom it has been prescribed, in line with current legislation.

Arrangements for administration of medication to each student will be reviewed annually and Swords Community College reserves the right to vary same at its discretion and in the interests of all stakeholders, with notification of any such variation in arrangements to issue forth with to the parents/guardians.

Implementation

Detailed information for Swords Community College staff members to facilitate the safe and effective implementation of this policy is included in Appendix 1.

Parents/guardians 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, and they should engage at all times with the Principal, Deputy Principal, Year Head and Front Office Staff with regard to any issues identified, failing which, they cannot expect the authority granted to be of any effect.

The Principal will audit the medication books at least once a term to ensure that the actual administration of medication complies with the information on the Authority for Administration of Medication — Information and Consent Form. Identified discrepancies will be addressed to parents/guardians with whom responsibility for arranging assessment of their clinical relevance (if any) by a doctor will rest.

Timeframe for Implementation

This policy will be implemented during the 2026/2027 academic school year.

Timeframe for Review

Early review will be undertaken if:

• A clinically significant discrepancy is identified between the medication administered and that authorised on the relevant 'Authority for Administration of Medication — Information and Consent Form'.

• Feedback indicates that any aspect of the policy is causing a student or any other member of the educational institution community undue distress.

APPENDIX 1

Authority for Administration of Medication - Information and Consent Form

For the administration of medication to students in Swords Community College be signed by a parent/guardian.

Students Name _____

Date of Birth _____

Weight, kgs _____

Name of Medication _____

Expiry Date of the Medication _____

Dosage to be administered _____

Students' allergies if any _____

Condition for which medication is required:

Under what circumstances should the medication be given to the above named student.

_____

_____

_____

_____

Other Medication being taken

_____

_____

_____

_____

I consent to the student's self-administration of this medication

YES [ ] NO [ ]

1st Emergency Contact Phone Number _____

2nd Emergency Contact Phone Number _____

GP's Name _____

GP's Phone Number _____

The Medication named above can be administered by a non-medical person.

Signed by medical practitioner. _____

Date: _____

The college has permission to share the information on this sheet and that recorded in the event of an emergency with the emergency services

YES [ ] NO [ ]

I authorise administration/supervision of medication by a staff member of Swords Community College in dosage of _____ (medicine), to _____[insert name], the student identified above under the circumstances outlined above.

I understand that information about my child's medical condition and treatment will be shared with Swords Community College staff members and medical personnel as necessary. I also consent to the disclosure of this information to appropriate medical practitioner/s, e.g. in an emergency, and to relevant insurers as required.

I will inform Swords Community College if there are any changes to the above information contained in this form.

Signed: _____

Date: _____

Print name: _____

Relationship to the above-named student: _____

Signed on behalf of Swords Community College: _____

Date: _____

Print name: _____

APPENDIX 2

Administration of Medicines in Schools/Colleges —Indemnity Form

THIS INDEMNITY made the (date) _____

BETWEEN

_____

(lawful father and mother/guardian's of)

_____ (student)

(hereinafter called 'the parents/guardians' of) the One Part)

AND

for and on behalf of Swords Community College (hereinafter called 'the Board') of the Other Part.

WHEREAS:

1. The parents/guardians are respectively the lawful father and mother or guardians of, _____ , a student of Swords Community College

2. The student presents on an ongoing basis with the condition known as

_____

3. The student may, while attending Swords Community College, require in emergency circumstances the administration of medication, (name of medication).

4. The parents/guardians have authorised administration of the said medication, in emergency circumstances, by the said school/college representatives as may from time to time be available.

NOW IT IS HEREBY AGREED by and between the parents/guardians hereto as follows: In consideration of the Board entering into the within Agreement, the lawful parents/ guardians of the said student HEREBY ACKNOWLEDGE that the Board, its servants and agents including without prejudice to the generality the said Principal/Deputy Principal/Year Head, staff, and students of Swords Community College can only endeavour to act in

accordance with the extent to which they are informed and AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said Principal/Deputy Principal/Year Head staff, and students of Swords Community College from and against all claims, both present and future, arising from any accidental act or omission arising in the course of the administration or failure to administer the said medicines.

Signed Parent/Guardian:

_____

Date:

_____

Print name:

_____

Signed Parent/Guardian:

_____

Date:

_____

Print name:

_____

Print name: Ms A Smith Principal

Signed:

_____

Date:

_____

APPENDIX 3

Record of Medication Administered

Medication checklist adhered to before administering medication.

Information checked	YES/NO
Students ID	
Consent received from parents / guardians	
When medication was last administered	
Medication within expiry date	
Medication administration instructions read	

Date & Time	Student name	Medication Name & Dosage Given	Administered By	Witnessed By	Medication Checklist Completed	Parent Informed.