ADMINISTRATION OF MEDICATION POLICY

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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 and prescribed Epi-Pens.

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.
    - 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.

- 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 2 telephone numbers 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.

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.
- In emergency situations, staff should do no more that 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.

Record of Date and Time and Dosage of Medication

Date:	
Time:	
By Whom:	
Dosage:	
Any details:	

Signed (Parents) :	
Signed (Principal):	
Date:	

ADMINISTRATION OF MEDICINES INDEMNITY AND PARENTAL AUTHORISATION FORM

PART 1 – PUPIL DETAILS:

Pupil Name:	
Date of Birth:	
Class & Teacher	
Medical Condition:	

PART 2 – MEDICATION DETAILS:

Medication Name:	
Medical Condition Being Treated:	
Dosage:	
Method of Administration:	
Circumstances Requiring Administration:	
Maximum Dosage (if applicable):	
Storage Requirements:	
Expiry Date:	

PART 3 – MEDICAL PRACTITIONER DETAILS:

Name of GP/Consultant:	
Practice / Hospital	
Contact Number:	

The Parent(s)/Guardian(s) confirm that the above medication has been prescribed and/or recommended by a registered medical practitioner and that the dosage, administration instructions and information supplied to the school are accurate and current.

A copy of the relevant medical advice, prescription details and/or healthcare plan is attached to this form where applicable.

PART 4 – EMERGENCY CONTACT DETAILS:

Parent/Guardian 1:

Name:	
Relationship to pupil:	
Mobile Number:	

Parent/Guardian 2

Name:	
Relationship to pupil:	
Mobile Number:	

ALTERNATIVE EMERGENCY CONTACT:

Name:	
Relationship to pupil:	
Mobile Number:	

PART 5 – PARENTAL RESPONSIBILITIES:

The Parent(s)/Guardian(s) undertake:

1. To provide the medication in its original container, clearly labelled where appropriate.
2. To ensure that all medication supplied to the school is within its expiry date.
3. To replace medication prior to its expiry date.
4. To provide any equipment required for the administration of the medication.
5. To notify the school immediately of any change in the pupil's medical condition, treatment, dosage or medical advice.
6. To provide updated medical information and authorisation annually or whenever circumstances change.
7. To ensure emergency contact details remain current at all times.

PART 6 – ADMINISTRATION OF MEDICATION:

The Parent(s)/Guardian(s) acknowledge and agree that:

1. Members of school staff are not medical practitioners.
2. Medication will only be administered by staff members who have agreed to undertake such duties and who have received such information and training as is considered appropriate by the Board of Management.
3. The school will endeavour to contact the Parent(s)/Guardian(s) and/or emergency services where circumstances require.
4. Where a member of staff reasonably believes that immediate action is necessary to safeguard the health or welfare of the pupil, the administration of medication shall not be delayed pending contact with the Parent(s)/Guardian(s).
5. The administration of medication will be carried out in accordance with the school's Administration of Medicines Policy and any healthcare plan supplied to the school.

INDEMNITY:

THIS INDEMNITY is made this _____ day of _____ 20_____.

BETWEEN

_____ (Parent/Guardian)

and

_____ (Parent/Guardian)

of

_____

(hereinafter referred to as "the Parent(s)/Guardian(s)")

AND

The Board of Management of **St. Brigid's Boys' School**, Mart Lane, Foxrock, Dublin.

WHEREAS:

1. The above-named pupil attends St. Brigid's Boys' School.
2. The pupil suffers from the medical condition specified in this form.
3. The pupil may require medication during school hours and/or in emergency circumstances.
4. The Parent(s)/Guardian(s) have requested that the school facilitate the administration of such medication where appropriate.

NOW IT IS HEREBY AGREED as follows:

In consideration of the Board of Management agreeing, on a voluntary basis, to facilitate the administration of medication to the pupil, the Parent(s)/Guardian(s) hereby authorise the Board of Management, its employees, servants and agents, including without limitation the Principal, teachers, Special Needs Assistants and any other designated members of staff, to administer the medication described in this agreement in accordance with the instructions supplied by the Parent(s)/Guardian(s) and/or the pupil's medical practitioner.

The Parent(s)/Guardian(s) further agree to indemnify and keep indemnified the Board of Management, its servants, employees and agents against any claims, demands, actions, proceedings, costs, expenses or liabilities arising from the administration of the said medication in good faith and in accordance with the information and instructions supplied by the Parent(s)/Guardian(s) and/or medical practitioner, save where such claims arise as a result of wilful misconduct or gross negligence.

REVIEW OF AUTHORISATION:

This authorisation and indemnity shall remain in force until 31 August of the current school year unless withdrawn earlier in writing by the Parent(s)/Guardian(s) or replaced by an updated authorisation form.

The Parent(s)/Guardian(s) agree to complete a new form annually and whenever there is any change in the pupil's condition, medication or treatment.

DECLARATION:

I/We confirm that the information provided in this form is accurate and complete and that I/we have read and understood the school's Administration of Medicines Policy.

Parent/Guardian 1

Name:	
Signature:	
Date:	

Parent/Guardian 2

Name:	
Signature:	
Date:	

FOR THE BOARD OF MANAGEMENT:

Name:	
Signature:	
Position:	
Date:	

WITNESS:

Name:	
Signature:	
Address:	
Date:	

SCHOOL USE ONLY:

Date Received: _____

Healthcare Plan Attached: □ Yes □ No

Medication Received: □ Yes □ No

Expiry Date Checked: □ Yes □ No

Staff Members Informed: □ Yes □ No

Review Date: _____

Principal's Signature: _____

Review and Ratification

Policy Sign Off:

Signed: Chairperson	
Date:	19.10.2026
Signed: Principal	
Date:	19.10.2026