

# St Mary's PS Killesher



## Administration of Medication

*"Article 24: Every child has the right to the highest attainable standard of health."*

**Chair of BOG: Mr Fergal Cleary**

**Principal: Mr Cunningham**

**Date of Approval: August 2025**

**Date of Review: August 2028**

The Board of Governors and staff of St Marys PS Killesher wish to ensure that pupils with medication needs receive appropriate care and support at school.

Please note that parents should keep their children at home if acutely unwell or infectious and the Public Health Agency advice Guidance Infection control in schools will be referred to.

### **Prescribed Medication**

- The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.
- Parents are responsible for providing the Principal with comprehensive information regarding a pupil's condition and medication.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

### **Non-Prescribed Medication**

Staff will give non-prescribed medication to a child with written consent from the parent/guardian. The correct dosage must be stated on the written consent.

### **General information relating to Prescribed Medication**

- Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
- Each item of medication must be delivered to the Principal or Class Teacher in normal circumstances by the parent, in a secure and labelled container as originally dispensed.
- Each item of medication must be clearly labelled with the following information:
  - Pupil's Name
  - Name of medication
  - Dosage
  - Frequency of administration
  - Date of dispensing
  - Storage requirements (if important)
  - Expiry date
- The school will not accept items of medication in unlabelled containers.

- Medication will be kept in a secure place, out of the reach of pupils. All medication to be administered in school will be kept on shelf above the fridge in the staffroom.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

Where administration of medication is requested, the relevant form must be completed in advance by parents/carers, in consultation with the Principal / Designated Member of Safeguarding Team, as necessary. All relevant forms are available from school office and school website.

Signed: Fergal Cleary - BoG Chairperson

Mr Cunningham – Principal



Welcome to  
**St Mary's PS, Killesher**



**AM1 FORM: MEDICATION PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS**

The school will not give your child with special medical needs medication unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>Name of Pupil</b>          |                                  |
| <b>Date of Birth</b>          |                                  |
| <b>Class</b>                  |                                  |
| <b>National Health Number</b> |                                  |
| <b>Medical Diagnosis</b>      |                                  |
| <b>Contact Information</b>    |                                  |
|                               | <b>Family Contact 1</b>          |
| Name                          |                                  |
| Phone Number                  |                                  |
| (Home / Mobile)               |                                  |
| Work                          |                                  |
| Relationship                  |                                  |
|                               | <b>Family Contact 2</b>          |
| Name                          |                                  |
| Phone Number                  |                                  |
| (Home / Mobile)               |                                  |
| Work                          |                                  |
| Relationship                  |                                  |
|                               | <b>GP</b>                        |
| Name                          |                                  |
| Phone Number                  |                                  |
|                               | <b>Hospital / Clinic Contact</b> |
| Name                          |                                  |
| Phone Number                  |                                  |

**Plan prepared by**

|  |  |
|--|--|
| <b>Name</b>  |  |
| <b>Designation</b>   |  |
| <b>Date</b>  |  |
| Describe condition and give details of pupil's individual symptoms:  |  |
| Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)   |  |
| Members of staff trained to administer medication for this child (state if different for off-site activities)  |  |
| Describe what constitutes an emergency for the child, and the action to take if this occurs  |  |
| Follow up care   |  |
| <b>I agree that the medical information contained in this form may be shared with individuals involved with the care and education of the named pupil.</b> |  |
| <b>Signature (s)<br/>Parent/Guardian</b>   |  |
| <b>Date</b>  |  |
| <b>Distribution</b>  |  |
| <b>School Doctor</b>   |  |
| <b>School Nurse</b>  |  |
| <b>Parent/Guardian</b>   |  |
| <b>Other</b>   |  |



# Welcome to St Mary's PS, Killesher



## **AM2 FORM: REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine

| Pupil Details        |                                     |
|----------------------|-------------------------------------|
| Surname              |                                     |
| Forename             |                                     |
| Address              |                                     |
| Gender               | Male/Female (delete as appropriate) |
| Date of Birth        |                                     |
| Class                |                                     |
| Condition or Illness |                                     |

| Parent/Guardian Contact Details |              |
|---------------------------------|--------------|
| Name                            |              |
| Phone No.                       | Mobile/Home: |
|                                 | Work:        |
| Relationship to Pupil           |              |

| Agreement of Principal   |   |
|--|---|
| I agree that the named child will receive quantity and name of medicine every day at the agreed times. This child will be given/supervised whilst he/she takes their medication by their class teacher & classroom assistant. This arrangement will continue until the end date of course of medicine or until instructed by parents/guardians |   |
| Signature  | <i>(The Principal/authorised member of staff)</i> |
| Date   |   |
| 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.   |   |

## Medication

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

|  |   |
|--|---|
| <b>Name/Type of Medication</b><br><i>(as described on the container)</i>   |   |
| <b>Date dispensed</b>  |   |
| <b>Expiry Date</b>   |   |
| <b>Full Directions for use:<br/>Dosage and method</b>  | <b>NB Dosage can only be changed on a Doctor's instructions</b> |
| <b>Start Date of Administration</b>  |   |
| <b>End Date of Administration</b>  |   |
| <b>Timings for Administration of Medication</b>  |   |
| <b>Special Precautions</b><br><br><i>Are there any side effects that the School needs to know about?</i>   |   |
| <b>Self-Administration</b>   | Yes/No (delete as appropriate)                                  |
| <b>Procedures to take in an Emergency</b>  |   |
| I understand that I must deliver the medicine personally to the class teacher 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. |   |
| <b>Signature (s)</b>   |   |
| <b>Date</b>  |   |



# Welcome to St Mary's PS, Killesher



## **AM3 FORM: REQUEST FOR PUPIL TO CARRY HIS/HER OWN MEDICATION (e.g. inhalers)**

The school will not allow your child to carry or administer medication unless you complete and sign this form.

| <b>Form must be completed by Parent/Guardian</b>  |  |
|---|--|
| <b>Name of Pupil</b>  |  |
| <b>Class</b>  |  |
| <b>Date of Birth</b>  |  |
| <b>Address</b>  |  |
| <b>Condition / Illness</b>  |  |
| <b>Medication</b><br>(Parents must ensure that in date properly labelled medication is supplied.)   |  |
| <b>Procedures to be taken in an emergency</b>   |  |
| <b>Family Contact</b>   |  |
| <b>Name</b>   |  |
| <b>Phone Number (Home)</b>  |  |
| <b>Mobile</b>   |  |
| <b>Work</b>   |  |
| <b>Relationship</b>   |  |
| <b>I would like my child to keep his/her medication on him/her for use as necessary</b>   |  |
| <b>Signature</b>  |  |
| <b>Date</b>   |  |
| <b>Relationship to the child</b>  |  |
| <b>AGREEMENT OF PRINCIPAL</b>   |  |
| I agree that the above-named child will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until either the end date of course of medication or until instructed by parents. |  |
| <b>Signature (Principal /Authorised member of staff)</b>  |  |
| <b>Date</b>   |  |
| <b>The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to the named pupil carrying his/her own medication</b>   |  |