



Gaelscoil Choráin

Eochail

Polasaí Dáileadh Leighis

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.

Réamhrá/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.

This policy pertains only to pupils with a notified medical condition of a serious nature. Notified medical conditions are conditions that are accompanied by a doctor's report and have been notified to the Principal and/or the Board of Management in advance.

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.

This Board does not permit pupils who do not have a notified medical condition to have medication in their possession in school nor does it place any onus on staff to administer such medication.

Ábhar/Policy Content

1. Nósanna imeachta le leanúint ag tuistí go bhfuil dáileadh leighis i gceist lena bpáistí/Procedure to be followed by parents who require the administration of medication for their children

- The parent/guardian shall 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 shall provide written instructions of the procedure to be followed in the administration and storing of the medication. (see Appendix 1)
- Parents shall deliver relevant medication to the school and hand over to a designated adult, the class teacher, and shall be responsible for ensuring that an adequate, in date, supply is available.
- Parents shall 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 shall inform the school's insurers accordingly.
- Changes in prescribed medication (or dosage) shall 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 shall 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 shall provide a telephone number where they may be contacted in the event of an emergency arising and shall provide a second telephone number in the event of them being uncontactable.
- Parents shall arrange a meeting with the principal and class teacher, prior to the commencement of the school year or as soon as they become aware of a medical condition pertaining to their child. Parents shall provide a recent doctors reports outlining the details of the pupil's medical condition and the medication required by the pupil.

2. Nósanna imeachta le leanúint ag an mBord Bainistíochta/Procedures to be followed by the Board of Management

- The Board, having considered the matter, may authorise a staff member, class teacher or SNA, to administer medication to a pupil or to monitor the self-administration by a pupil.
- The Board shall ensure that the authorised person is properly instructed in how to administer the medicine by the parent.
- 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. Freagrachtaí bail foirne/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 shall do so under strictly controlled guidelines in the belief that the administration is safe.
- Written instructions on the administration of the medication shall be provided.
- Medication shall 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 care giver.
- A written record of the date and time of administration will be kept. (Appendix 5)
- In emergency situations, staff shall do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment shall be secured in emergencies at the earliest opportunity.
- Parents shall be contacted should any questions or emergencies arise.

Daingniú & Cumarsáid/ Ratification & Communication

Ratified at the BoM meeting on 01.12.2020 and signed by Chairperson. Secretary recorded the ratification in the Minutes of the meeting. Code of Behaviour

uploaded on to school website and parents informed of same on 02.12.2020.

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Monatóireacht ar cur i bhfeidhm / Monitoring the implementation

The implementation of the policy shall be monitored by the Principal, staff and the BoM of Gaelscoil Choráin.

Athbhreithniú & Measúnú / Reviewing & Evaluating

The school reserves the right to make any changes or amendments to the Administration of Medicines policy as it considers necessary and appropriate.

Daingnithe thar cheann an Bord Bainistíochta/ Ratified on behalf of the Board of Management.

Síniú:

Antóin Ó Laoire
Cathaoirleach An Bhoird Bhainistíochta

Dáta:

01.12.2020

AGUISÍN 1/APPENDIX 1

Request for Administration of Medication -Information & Consent

Child's name _____ Date of birth _____

Name of medication _____ Dosage _____

Under what circumstances medication should be given

Condition for which medication required,

Other medication being taken

My child CAN / CAN NOT self-administer this medication

GP: Name _____

Phone no _____

1st Emergency contact _____

Mobile no _____

2nd Emergency contact _____

Mobile no _____

I consent for staff members in the school to administer/supervise

administration of _____, in dosage of _____, to
my

child _____ under the circumstances outlined
above.

I understand that information about my child's medical condition and treatment
will be shared with school staff, and in the event of an emergency with the GP or

other medical personnel. I also consent to the disclosure of this information to the school's insurers if required

Signed _____ date _____

Print name _____

AGUISÍN 2/APPENDIX 2

(APPENDIX 46 from Board of Management Handbook)
ADMINISTRATION OF MEDICINES IN SCHOOLS - INDEMNITY

THIS INDEMNITY made the _____ day of 20_____

BETWEEN _____

(Lawful father and mother of) _____

(Hereinafter called 'the parents' of the One Part AND for and on behalf of the Board of Management of Gaelscoil Choráin, situated in Youghal, in the County of Cork (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 parents hereto as follows:

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.

Signed _____ (Parent)

AGUISÍN 3/APPENDIX 3

Parents' Form: Healthcare Plan/
Administration of Medication Request

Healthcare Plan for a Student with a Chronic Condition at
School

Note: To be completed by Parents/Guardians

Date form completed: _____ Date for review: _____

Student's Information

Name of Student: _____ Class Level: _____

Date of Birth: _____ Age: _____

Student's Address: _____

Teacher's Name: _____ Room No: _____

Siblings in the school: _____

Name: _____ Class: _____

Name: _____ Class: _____

Family Contact 1:

Name: _____

Phone (day) Mobile: _____

Phone (evening): _____

Relationship to student:

Family Contact 2:

Name:

Phone (day) Mobile: _____

Phone (evening): _____

Relationship to student:

Contact 3:

Name:

Phone (day) Mobile: _____

Phone (evening): _____

Relationship to student:

GP/Family Doctor:

Name: _____ Phone: _____

Consultant 1:

Name: _____ Phone: _____

Condition information for:

Consultant 2 (if applicable):

Name: _____ Phone: _____

Condition information for:

3. Details of the student's condition(s)

Signs and symptoms of this student's condition(s):

Triggers or things that make this student's condition(s) worse:

4. Routine Healthcare Requirements

During school hours:

Outside school hours:

5. Regular Medication

[For School Staff: Please also refer to the Emergency Plan for the condition attached to this plan]

7. Activities - Any special considerations to be aware of?

8. I give consent to my child to engage in all sporting activities. I shall contact the school to inform them of any particular sporting activity that will not be suited to my child's medical needs.

9. Any other information relating to the student's health care in school?

The school may contact the person named below for further information or

training.

10. Name of Hospital Nurse for the student

Name:

Address:

Phone:

AGUISÍN 4/APPENDIX 4

Permission for emergency medication (please tick correct reply)

In the event of an emergency:

I agree or I do not agree with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan. I understand that the staff /school will not be responsible for any incident/issue that may arise to the administration and/or non-administration of this medication.

Signed by parent: _____

Print name: _____

Date: _____

The Board of Management has agreed this Healthcare Plan during the meeting held on _____.

Chairperson
Board of Management

Date

AGUISÍN 5/APPENDIX 5

Emergency Medication Provision School Record

DATE	TIME	STUDENT'S NAME	MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF MEMBER	PRINT NAME

AGUISÍN 6/APPENDIX 6

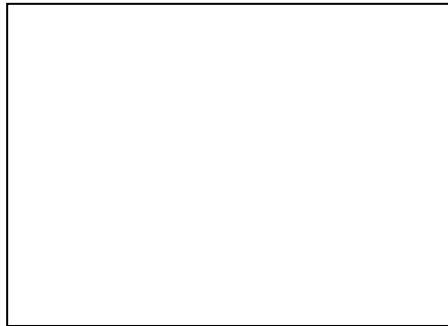
This form is optional for parents but is recommended for potentially serious/life-threatening conditions

Management of Chronic Medical Conditions - For Staffroom Noticeboard

Child's name: _____ Current Class: _____

Teacher's name:

(Insert photo)



Details of Child's Medical Condition:

What Staff Should Do in an Emergency Situation:

Parent signature: _____

Date: _____