

# *Scoil Iosaef Naofa*



*Ár ndícheall i gconaí*

## **The Administration of Medicines in Scoil Iosaef Naofa**

**Data Protection:** *Data in The Parental Permission Form will be kept securely by Scoil Iosaef Naofa. The information included in this form will only be accessed by relevant authorised staff and Board of Management members.*

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 medicines.

The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any children in their class.

Non-prescriptive medicines will neither be stored nor administered to pupils in school. Prescribed medicines will not be administered in school without the written consent of parents and the authorisation of the Board of Management.

The medicine should be self-administered if possible, under the supervision of an authorised adult.

A written record of the date and time of administration must be kept.

A staff member can be required to administer medicine or drugs to a pupil.

In emergencies staff should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment will be secured in emergencies at the earliest opportunity.

Parents of a pupil requiring regular medication during school hours should write to the Board to authorise a member of staff to administer the medication in school.

Written details are required from the Parent/Guardian to the Board of Management giving the name of the child, name, and dose of medication; whether the child should be responsible for his/her own medication; the circumstances in which medication is to be given; when the parent is to be notified and where s/he can be contacted. It is the parent's responsibility to check each morning whether or not the authorised teacher is in school unless an alternative arrangement is made locally.

### **Parents should:**

- Ensure that teachers are made aware in writing of any medical condition suffered by any children in their class.
- Outline clearly in writing, what can and can't be done in a particular emergency situation, with particular reference to what may be a risk to the child.

*'A Catholic School in the Presentation Tradition'*

- Ensure that a letter from the child's Doctor/Consultant is returned with the application for the administration of medication form. This letter should outline the child's condition, name of medication and method and dosage of medication to be administered.
- Identify the symptoms in order that treatment can be given by an appropriate person if necessary. Provide detailed written instructions of the procedure to be followed in the administering the medication.
- Give permission if necessary for vital medical information, including a photo of their child, to be displayed, so as to ensure the staff of the school are familiar with the child.
- Take responsibility for the 'use by' dates of the medications and update as required.

Where possible the family doctor should arrange for the administration of prescribed medicines outside of school hours.

Where permission has been given by the Board of Management for the administration of medicine the smallest possible dose should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil.

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.

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

Once approval has been granted, the Board of Management will ensure that the authorised staff members are properly instructed to administer the medication.

The medicine should not be kept by the pupil but in a safe place, out of reach of pupils. Certain medicines, such as inhalers used by asthmatic children, must be readily accessible at all times of the school day.

Request for administration of medication should be renewed at the beginning of each school year. This policy will be reviewed as and when necessary.

***Board of Management of Scoil Iosaef Naofa 30<sup>th</sup> September 2021***

*Scoil Iosaef Naofa*



## THE ADMINISTRATION OF MEDICINES/ MONITORING OF MEDICAL CONDITION

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Pupil's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency Contact Numbers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosed condition: \_\_\_\_\_

Prescription details:

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Is the child(ren) to be responsible for taking the prescription himself Yes  No

Description of medical condition:

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What action is required?

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We have enclosed a letter from a GP/Consultant outlining medical condition(s) and information on administration of Medicines Yes  No

We give permission if necessary for vital medical information, including a photo of our child, to be displayed, so as to ensure the staff of the school are familiar with the child. Yes  No

- 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 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 it is our responsibility to monitor 'use by' dates of medications and change if necessary.*
- *I/We understand that personal medical information may need to be displayed about serious medical conditions.*

**Parent/Guardian 1:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

**Date:** \_\_\_\_\_