

**Board of Management policy on the administration  
of medicines to children in schools.**

The Board of Management in approving the policy outlined below wishes to highlight the following.

- The school is not a medical facility and neither the Principal , Teachers nor Special Needs Assistants [hereinafter collectively referred to as “**the School Staff**” ] are qualified to administer medicines to children and there is no onus on any of the School Staff to administer medicine to a pupil of the school.
- The Board in agreeing to the administration of medicines by the School Staff as provided for below does so solely in order to make provision for a child who suffers from an illness which does not prevent him/her attending school . Such a child may require the administration of medicines prescribed by a recognised medical practitioner. In the first instance Medical practitioners should be requested by parents to arrange times for the administration of medicines which do not coincide with school times. The Board recognises however that the administration of such medicines may cause unnecessary inconvenience to the parents of that child if it is required at regular intervals during the school day. In these exceptional instances the Board agrees that such member(s) of the Teaching Staff as is/are designated from time to time by the Principal [ hereinafter referred to as “**the designated School Staff member**” ] may, subject as set out below, administer medicines to a child.
- Parents are required to give maximum support possible to the designated School Staff member in administering the medicine.
- Parents are to encourage children , where possible , to self administer the medicines subject to medical advice.
- Parents of the child must write to the Board of Management requesting that the Board authorise the administration of the medicine by the designated School Staff member .The request is to contain the child’s medical condition, the medication and written instructions on the procedure to be followed in administering the medicines. The nature of the illness suffered by the child is to be specified and the information form completed fully.
- The Board of Management will seek an indemnity from the parents in respect of any liability that may arise regarding the administration of medication. In the absence of the application form and indemnity fully completed the medicines **will not** be administered to any child.
- **The Board of Management must first approve the request and accept the indemnity** and thereafter the Principal will seek the agreement of the designated School Staff member to the administration of the medicine and ensure that the designated Teacher Staff member is clear on the procedures to be followed when administering medicines. In administering the medicines the designated Teaching Staff member shall only be required to exercise the standard of care and skill of a reasonable and prudent parent.
- The Board of Management shall inform the schools insurers accordingly of the formal request and the indemnity.

The Board of Management will provide a secure place where medicines to be administered to children will be kept. Any such medicines must be clearly labelled with the child’s name and classroom written on it.

## LETTER OF INDEMNITY

To: The Board of Management

Scoil Mhuire Soisearach

Ballymany

Newbridge

Co. Kildare.

Date / / .

Dear Chairperson,

My child suffers from \_\_\_\_\_

\_\_\_\_\_.

I am unable to come to the school each day to administer the medicine my child requires. In the circumstances I formally request a designated School Staff member to administer this medicine. I have disclosed the full details of my child's medical condition, the medicine to be administered and any conditions relating to its administration.

I understand and accept :-

[1] That designated School Staff member is not a qualified medical practitioner and in the circumstances can only exercise that degree of care and skill of a prudent and reasonable parent.

[2] The School Staff, designated member of the School Staff and/or Board of Management will not be liable for any injury loss or damage suffered by my child as a result of the administration of the medicine to my child.

[3] I will indemnify and keep indemnified the School Staff, designated School Staff member and Board of Management against any claims howsoever arising out of the administration of the medicine by a designated Teaching Staff member to my child.

[4] I have read over, understand and agree the School policy on the administration of medicines a copy of which has been furnished to me prior to the signing of this letter of request.

[5] Please find enclosed completed form with the necessary details relating to my child's condition.

Signed \_\_\_\_\_.

**Administration of medicines for a Student with a chronic condition at school.**

Date form completed: \_\_\_\_\_ Date for review: \_\_\_\_\_

**1. Student's information.**

**Name of School:** *Scoil Mhuire Soisearach* **Roll number** 19550q.

Name of Student: \_\_\_\_\_ Class : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Siblings in the school : \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

**2. Contact information.**

Student's address: \_\_\_\_\_  
\_\_\_\_\_

**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**

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

**CONSULTANT**

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

The school may seek further information on the Condition  
for: \_\_\_\_\_

**3. Details of student's conditions**

Signs and symptoms of this student's condition: \_\_\_\_\_

\_\_\_\_\_

Triggers or things that make this student's condition/s worse: \_\_\_\_\_

\_\_\_\_\_

**4. Routine Healthcare Requirements**

During school hours:

\_\_\_\_\_

Outside school hours:

\_\_\_\_\_

**5. Regular Medication taken during school hours :**

\_\_\_\_\_

**6. Emergency medication – Please fill out full details including dosage :**

\_\_\_\_\_

It may be necessary to put in place an Emergency action plan. A decision in regard to this will be made based on the information provided on this form. A member of staff will contact you if this is necessary.

**7. Activities – Any special considerations to be aware of ?**

\_\_\_\_\_

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

\_\_\_\_\_

**9. Name of Hospital Nurse( if your child has one) for the student**

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

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

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

The school may contact the above named for further information or training.

**Parental and student agreement** (please tick the correct reply)

I agree that the medical information contained in this plan may be shared with staff involved in my child's care and education (this includes emergency services). I understand that I must notify the school in writing of any changes immediately.

Signed by parent: \_\_\_\_\_

Print name : \_\_\_\_\_

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

**Permission for emergency medication** ( please tick correct reply)

In the event of an emergency, I agree \_\_\_\_\_ I do not agree \_\_\_\_\_

With my child receiving medication administered by a designated School Staff member or providing treatment as required.

Signed by Parent : \_\_\_\_\_

Print name : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ratification of Policy:** This policy was adopted by the Board of Management on January 9th 2018

