Scoil Mhuire, Leixlip, Co Kildare

ADMINISTRATION OF MEDICATION TO PUPILS

The Board of Management (BoM) requests parents/guardians to ensure that teachers are made aware, in writing, of any medical condition suffered by children in their class. Non-prescriptive medicines will neither be stored nor administered to pupils and prescribed medicines, if at all possible, should be taken outside of school hours. No teacher can be required to administer medicine or drugs to a pupil.

Where a teacher is willing (this should be confined to emergency situations only) he/she should not do so without the authorisation of the Board of Management. The Board of Management will give this authorisation following consideration of a written request from parents.

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

Written details are required from the parent/guardian to the B.O.M. 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 by the teacher and the consent for it to be given.

The Board of Management will also require a copy of the prescription and/or doctor's note confirming the need for the medication to be administered in school.

All student details will be kept securely as outlined in Scoil Mhuire's *Data Protection Policy.*

Where a child is suffering from a medical condition – parents should outline clearly, in writing, what can and cannot be done in particular emergency situations with particular reference to what may be a risk to the child.

Parents/Guardians are further required to sign an Indemnity Form to indemnify the Board of Management and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school.

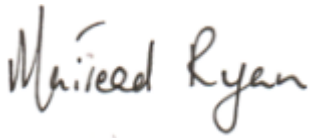
The Board of Management will inform the school's Insurers accordingly.

Changes in prescribed medication (or dosage) should be notified immediately in writing with clear instructions of the procedure in storing and administration of the new medication.

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

Requests for administration of medicines must be renewed at the beginning of each school year. Parents and guardians are responsible for keeping a record of the expiry date and ensuring that the school is supplied with their child's medicines that have not passed expiry date. Where possible, shelf life should last the school year. All medicines and original information leaflets will be stored in a secure and safe place in the school out of the reach of children.

This policy was ratified by the Board of Management of Scoil Bhríde in February 2016 and reviewed in February 2018 and January 2025.

Signed 

Mairéad Ryan
Chairperson of the Board of Management
Date: 20 January 2025

Signed 

Áine Crotty
Principal
Date: 20 January 2025

Scoil Mhuire Healthcare Plan

Child's Name:_____

Class: _____ **Room Number** _____**Teacher:** _____

Date of Birth: _____

Siblings in School: _____

Name: _____ **Class:** _____

Name:_____ **Class:** _____

Name:_____ **Class:** _____

Contact Information

Pupil's Address: _____

Father's Name: _____

Phone: Mobile_____**: Landline** _____

Mother's Name: _____

Phone: Mobile _____**: Landline**_____

Emergency Contact if Parent(s)/Guardian(s) unavailable

Name 1: _____

Phone: Mobile _____**: Landline** _____

Relationship to pupil: _____

Name 2: _____

Phone: Mobile _____**: Landline** _____

Relationship to pupil: _____

DETAILS OF THE PUPIL'S CONDITION

Medical Condition: _____

_____

Signs and symptoms of the conditions _____

_____

_____

Triggers which might make the condition worse _____

_____

_____

_____

Healthcare Requirements

During school hours _____

_____

Outside school hours _____

_____

Regular medication taken during school hours _____

_____

_____

Emergency medication _____

_____

_____

Any other relevant information _____

_____

_____

Medication for _____(name of pupil)

1) **Name of Medication: (as it appears on the prescription and medication)**

   _____
   _____
   _____

1) **Dosage to be given:** _____

2) **When to give the medication:** _____
   _____
   _____

3) **Procedure for administering the medication**

   _____
   _____
   _____

4) **Expiry Date on medication:** _____

5) **Where is medication kept?** _____

6) **Name of Family Doctor:** _____

   Address: _____

   Phone number: _____

7) **Name of Consultant:** _____

   Address: _____

   Phone number: _____

8) **Copy of prescription/doctor's note attached** ☐ **Yes** ☐ **No**

Emergency Medication Provision Plan School Record
Please write clearly

Parental agreement (please tick the correct reply)

My child's name: _____

I agree _____ I do not agree_____that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school in writing of any changes.

Signed by parent(s)/guardian(s): _____

Print name(s): _____Date: _____

<u>Permission for emergency medication</u> (please tick correct reply)

My child's name: _____

In the event of an emergency, I agree _____ I do not agree _____ to my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Medication Provision Plan.

Signed by parent(s)/guardian(s): _____

Print name(s): _____Date: _____

Child's Name	
Name of Medication	
Dose given	
Time given	
Date given	

Any reactions	
Name of Staff Member(s) Administering Medication	

Parent's/Guardian's Signature: _____

Parent's/Guardian's Signature _____