

COOLE NATIONAL SCHOOL



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Co. Meath.

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ADMINISTRATION OF MEDICATION POLICY

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.

Procedure to be followed by parents who require the administration of medication for their children

- On the Aladdin school database, a red diamond indicates a medical condition, which staff should be aware of.
- The parent/guardian should 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. Medical Administration Form Appendix 1
- Parents must provide written instructions outlining the procedure to be followed in the administration of the medication.
- Parents are responsible for ensuring that the medication is delivered to the school.
- Parents are required to indemnify the Board and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines.
- Changes in prescribed medication (or dosage) should be notified immediately by parents/guardians to the school.
- In the case of children with life threatening conditions, severe reaction to allergens (Anaphylaxis) and complex medical issues it is the responsibility of parents/guardians to complete fully on behalf of their child a **Medical Administration Form Appendix 1**.
- It is the responsibility of parents/guardians to complete fully on behalf of their child **An Administration of Medicines in Schools Indemnity Form (Appendix 2)**.
- Parents/guardians must ensure medication is brought out on school trips, on swimming days and that the medication is in date.

Administration of Medication

- The Board of Management may authorise a staff member to administer medication to a pupil or to monitor the self-administration by a pupil.
- The parents must ensure that the authorised persons are instructed in how to administer the medicine by parents or qualified personnel appointed by parents.
- 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 members' absence.

- Any staff member who is willing to administer medicines should do so having had written and or oral instructions on the administration of the medication provided by the parent/guardian.
- In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
- A written record of the date and time of administration will be kept. (Appendix 3)
- In emergency situations, staff will offer a standard of care appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. A doctor/ambulance will be called immediately in the case of an emergency. On school trips/tours, the person in charge will take responsibility for the list of pupils and ensure that the phone is working. Special arrangements will be made to ensure pupils with significant illnesses can participate to the fullest extent possible in such activities.
- Parents will be contacted should an emergency arise.

Storage of Medication

- Anapens will be stored safely in the school office.
- Medication (except for Anapens) is kept in a safe place in the school office and a record sheet for recording any medication administered will be kept on Aladdin, and in the child's file, in the secretary's office.

Ratification and Review

This policy was ratified by Board of Management on 10/09/19

This policy will be reviewed in accordance with changes in legislations, circular letters, in the light of experience etc.

Chairperson, Board of Management: PJ Gannon
P.J. Gannon

Date: _____

Principal: Ciadhra Blake
Ciadhra Blake

Date: _____

Date of review: 10th September 2019

Cooler N.S. Medication Administration Form

Please complete this Medication administration form and Administration of Medicines in schools indemnity form and return to the school as soon as possible in order for your application to be processed. These forms will be retained by the school. Please note that the onus is on parents/guardians to inform the school of any changes to the information outlined below. Parents/guardians must ensure medication is brought out on school trips, on swimming days and that the medication is in date.

Name of Child: _____

Class: _____

Parents/Guardians: _____

Photo of Child:

*School
will
supply
photo*

Medical Condition: _____

Symptoms: _____

Medication/ _____

Dosage details: _____

How to _____

Administer: _____

Emergency contact number of Parents/Guardians:

1. _____

2. _____

3. _____

Family Doctor: _____

Telephone Number: _____

We wish to apply to the Board of Management for willing and trained members of staff to administer medication to my child.

Signature of parents/Guardians: _____

Date: _____

Coolé N.S. Administration of medicines in schools indemnity form

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 _____.

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 _____.
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 aid school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

In consideration of the Board entering into the within Agreement, the parents, as the lawful father and mother respectively of the aid pupil HEREBY AGREE to indemnify and keep indemnified the board, its servants and agents including without prejudice to the generality the aid 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 aid medicines.

IN WITNESS whereof the parties hereto have hereunto set their hand and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents in the presence of: _____

SIGNED AND SEALED by the aid/class teacher in the presence of: _____

Coole N.S. Record of Administration of Medicine

Pupil's Name: _____

Date of Birth: _____

Medical Condition: _____

Medication: _____

Dosage Administered: _____

Administration Details (When/Why/How):

Signed: _____

Date: _____