

# Scoil Íde, Jesus and Mary National School, Salthill

## Administration of Medication Policy



## **Administration of Medication Policy**

When administration of medicine is necessary for a child during the school

Day the following procedure will be used:

Parents will write a letter to the Principal requesting administration of medication. Parents will be sent (a) a letter of indemnity and (b) an Administration of Medicines Form requesting the following information:

- child's full name, address and date of birth
- emergency contacts
- name and contact details of child's doctor
- diagnosed condition
- prescription details: name/ dosage, time of medication etc.
- any other action required
- signatures of parents/guardians

### **Parents are responsible for provision of medication and should keep account to ensure that medication is available and within expiry date**

- Medication should be given to the class teacher and stored on the shelf located nearest to the Teacher's desk in the child's classroom.
- Medication will normally be administered from the principal's office except in cases of emergency.
- Parent/guardian or other person designated by parent/guardian should write a letter requesting any changes in medication or to the care plan
- Request for administration of medication should be renewed at the beginning of each school year,
- A record of administration will be kept in a record book in the Secretary's office
- A 2<sup>nd</sup> member of staff must witness the administration of any medication to a child unless in an emergency situation

### **Response to Covid -19 and Return to School Safely, Term 1, 2020:**

As we await guidance from the "Department of Education and Skills" we as a school plan to put the following measures in place in relation to the administration of medicines.

- Ensure that staff members who are required to administer medication are provided with updated training on infection prevention and control principles such as performance of hand hygiene and appropriate use of personal protective equipment whilst administering the medication.
- Ensure that we have an isolation room made available for children who present with symptoms of Covid-19.  
(Additional measures will be added where necessary, in line with Government advice)

Ratified by the Board of Management of Scoil Íde, Salthill on \_\_\_\_\_

Signed\_\_\_\_\_

Fr. Gerry Jennings  
Chairperson of the Board of Management



### **Administration of Medication Form**

Child's Name: \_\_\_\_\_

Address;\_\_\_\_\_

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

Emergency Contacts:

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

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

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

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Medical Condition:

\_\_\_\_\_

Prescription Details:

\_\_\_\_\_

Is the child to be responsible for taking the prescription him/herself?

\_\_\_\_\_

Any other action required:

\_\_\_\_\_

Parent/Guardian Signature:

Principal's Signature:

Date:



## Letter of Indemnity

- 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 health of my/our child.
- I/We understand that the school has limited facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in as required. In the event of certain specific medicines being stored the expiry date is the responsibility of the parents.
- 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 acknowledge that the above facility provided by the School is on a purely voluntary basis and without any obligation whatsoever on the part of the School.
- In consideration of the School facilitating me/us as stipulated in paragraph 1 above, I/we hereby indemnify The Board Of Management of Scoil Íde, Salthill in respect of all losses, claims, demands, actions or proceedings whatsoever arising under any statute or common law in respect of personal injury or injury of any nature whatsoever arising out of or in the course of or caused directly or indirectly by the storage of the said medication by or at the School and /or application of the said medication to my/our child.
- I/We understand that no school personnel have any medical training other than "First Aid" and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed: \_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ Parent/Guardian

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