

Scoil Bhríde, Cill Bhríde

Clonee, Co. Meath,
D15 XA32.

Telephone/Fax: 01-8216359/01-8220593

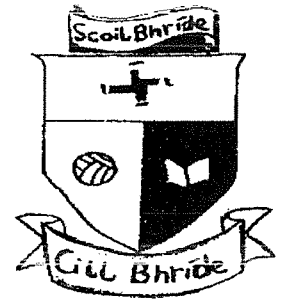
Email: info@scoilbhridens.ie

Web: <http://www.scoilbhridens.ie>

Roll No: 168250

Principal: *Julie Dowd*

Deputy Principal: *Sheila Dempsey*



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 later.

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 of authorise a staff member to administer the medication or to monitor self-administration of the medication.
- Parents must meet with school Principal to discuss the medical concerns
- 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 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).**
- In the case of children with medical issues requiring an **Anaphylaxis Care Plan consisting of Anaphylaxis Care Plan (Reaction to Allergens) and an Anaphylaxis Emergency Plan Appendix 3.**
- It is the responsibility of staff to ensure that medication is brought out of school on school trips/tour

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.
- will ensure on a case by case basis that the authorised person is properly instructed by the parent /guardian in how to administer the medicine.
- shall plan for the safe storage of medication
- procedures for the administration of medication in the event of the authorised staff member's absence.

Staff member who is willing to administer medicines should:

- do so having had written and (where appropriate) practical instructions on the administration of the medication provided by the parent/guardian.
- exercise the standard of care of a reasonable and prudent parent.
- log a record of the date and time of administration of the prescribed medicine. (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 fully in such activities.
- parents will be contacted should an emergency arise.

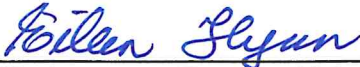
Storage of Medication:

- anapens will be stored safely in a locked drawer/press/safe in the child's classroom.
- medication is kept in a safe place in the child's classroom 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 16th December 2020.

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

Signed 
Chairperson, Board of Management

Appendix I

Child's Photo.
School will
supply
photo

Medication Administration Form

Please complete this Medication Administration form and Administration of Medicines in school's 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 that staff have the appropriate, in date, medication for their child to take out on all school trips

Name of Child: _____ Class _____

Parents/Guardians: _____

Medical Condition: _____

Signed & Confirmed by Medical Practitioner _____

Symptoms:

Medication/
Dosage details:

How to
Administer:

Names & Emergency contact numbers

1. _____ 2. _____
3. _____

Family Doctor: _____

Telephone Number: _____

I 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: _____

(Appendix 2

ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY FORM

THIS INDEMNITY made the _____ day of 20__
BETWEEN _____ (lawful father and mother of _____)
Of

_____ (hereinafter called 'the parents') of the One Part AND
_____ for and on behalf of the Board of Management of Scoil
Bhríde, Kilbride, Clonee, Co. Meath.

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 in the present of

Appendix 3

Date:

RE: Anaphylaxis Care Plan for _____

Dear _____,

I am writing to you in relation to your son/daughter _____ who we are delighted to welcome to Scoil Bhríde/Coiscéimeanna and we hope s/he enjoys their time with us.

You have confirmed that (add child's name) has allergic reactions (Anaphylaxis) and therefore I require that you complete the attached form (Appendix 1). It should be signed by both parents and by your sons/ daughters (add child's name) medical practitioner. Please submit back to me no later than _____. The purpose of the form and the any additional information that you feel is relevant is to ensure that we have clear and accurate information about _____ condition and that my staff are confident in knowing exactly what to do in the event of an anaphylactic reaction.

I look forward to receiving the form on the due date above. If any of the information changes during _____ time with us please inform us immediately. We have a duty of care both to _____ and the staff that will care for her/him. Consistent, clear information is imperative in this regard.

Yours sincerely,

Julie Dowd
Príomhoide.

ADMINISTRATION OF MEDICATION CHECKLIST

Have you completed:

- Appendix Form 1**
- Appendix Form 2**
- Appendix Form 3 in the case of Anaphylaxis**

