

**PRESENTATION  
PRIMARY SCHOOL**

**KILKENNY**

**ADMINISTRATION OF  
MEDICINE  
POLICY**

**SIGNED ON BEHALF OF BOARD OF MANAGEMENT**

**at the Board of Management Meeting held on 29<sup>th</sup> March 2006**

**Chairperson:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Principal:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**POLICY ON**

**THE ADMINISTRATION OF MEDICINES IN:**

**Presentation Primary School**  
**Parnell Street**  
**Kilkenny**

While the board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon teachers to personally undertake the administration of medicines.

The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any children in their class.

- Non-prescriptive medicines will neither be stored nor administered to pupils in school. Prescribed medicines will not be administered in school without the written consent of parents and the specific authorisation of the Board of Management.
  
- The medicine should not be kept by the pupil. It should be put in a safe place, out of reach of pupils. Certain medicines, such as

inhalers used by asthmatic children, must be readily accessible at all times of the school day.

- The medicine should be self-administered if possible, under the supervision of an authorised adult.
- Medication should not be administered or administration supervised without the specific authorisation of the Board of Management.
- In emergency situations qualified medical assistance will be secured at the earliest opportunity.
- No member of staff can be required to administer or supervise administration of medicine to a pupil.
- Parents of a pupil requiring regular medication during school hours should complete the required form and return it to the school Principal for the authorisation of the Board of Management.
- Written details are required from the parent/guardian to the Board of Management 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 administered by the authorised adult
- . consent for it to be given;
- . in case of necessity when and where parent may be contacted.

It is the parent's responsibility to check each morning whether or not the authorised adult is in school unless an alternative arrangement is made locally.

- Where children are suffering from life threatening conditions, parents should outline clearly in writing, what can and can't be done in a particular emergency situation, with particular reference to what may be a risk to the child.
- Parents are further required 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.
- Where possible the family doctor should arrange for the administration of prescribed medicines outside the school hours.
- Where permission has been given by the Board of Management for

the administration of medicine, the smallest possible dose should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil.

- **Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions regarding the procedure to be followed in storing and administering the new medication.**
- **Request for administration of medication should be renewed at the beginning of each school year.**

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

*This Policy will be reviewed as and when necessary.*

*Board of Management of:  
Presentation Primary School, Kilkenny  
February 2006*

**Request for Administration of Medicine in:  
*Presentation Primary School, Kilkenny.***

School year \_\_\_\_\_ only

We, the parents/guardians of \_\_\_\_\_  
request that \_\_\_\_\_ or an acting member of the school  
authorities administer/supervise administration of \_\_\_\_\_ to  
\_\_\_\_\_ at the agreed time.

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

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

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

Emergency Contact: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_

Signature of Parents/Guardians \_\_\_\_\_

I/We indemnify the Board of Management and authorised members of the staff of  
the above school in respect of any liability that may arise from the administration/  
supervision of administration of the prescribed medicine.

Signature: \_\_\_\_\_