**St. Michael’s Primary School and Centre for Autism**

**Administration of Medication Policy**

**Rationale & Background**

The Board of Management of St. Michael’s Primary School and Centre for Autism has a duty to safeguard the health and safety of children while engaged in school activities. However teachers are not obliged to personally undertake the administration of medications. They may, at their own discretion, agree to administer certain medicines or procedures. This will be arranged on a case-by-case basis. It is school policy that children who are acutely ill should not attend school until the illness has resolved. In the event of a child becoming acutely ill during the course of the school day, parents or emergency contacts will be notified to bring the child home to recuperate. In emergency situations, qualified medical help will be obtained or the child will be brought to the local paediatric emergency department at the earliest opportunity .In line with the school ethos, children with chronic illnesses are encouraged to engage fully in school activities. Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours. Administration of medication at school should be kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate children’s needs in line with the provisions below. 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.

**Aims**

The aims of this policy are:

* To ensure that the needs of children who require administration of essential medications during the school day are met, in line with best practice.
* To ensure compliance with relevant legislation.
* To protect staff by ensuring that any involvement in medication administration complies with best practice guidelines.

**Content**

* All medications must be clearly marked with student’s name and placed along with a photograph of the student and a copy of their health plan in a zip lock bag. This will be stored in a locked cupboard in Deputy Principal’s office.
* Pupils with a serious medical condition such as allergies requiring epipen administration will have their photographs and health plans displayed in the staff room.
* The medicine should be self-administered if possible under adult supervision.
* A written record of the date and time of administration must be kept.
* All staff must familiarize themselves where appropriate with the medical needs of particular pupils.
* If a pupil requiring medication leaves the school for swimming ,

games, school outings etc. the class teacher must take the medication with him/her.

* A teacher should not administer medication without the specific authorization of the Board.
* In emergency situations qualified medical assistance will be secured at the earliest opportunity.
* 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.
* No medication may be given to students unless a parent/guardian makes a specific request in writing to the Board of Management. The principal, through the Board of Management will then authorize staff to administer the medication. The Board of Management, Principal and staff of St. Michael’s Primary School accept no responsibility for the adverse effect of such drugs/medication properly administered.
* Prescription medication can only be stored /administered in the school following a written request from the parents/guardians to the Board of Management. This letter requesting administration of medicines must be accompanied by the “Request for Administration of Medication – Information and Consent” form (see appendix 1), summarising essential information to allow training of teachers if required and safe administration of the medication. This form includes the child’s name, date of birth, name of medication, condition for which medication is required, medication dosage, circumstances under which it should be administered, ability of child to self-administer the medication as well as emergency contact information.
* Parents are asked to sign an Indemnity form. (Appendix 2).
* If the Board agrees that the medication can be stored and administered in school it is the responsibility of the parents/guardians to ensure that an adequate supply of medication is in stock, and that the medication has not passed its expiry date. In the event that medication passes its expiry date without being used, the child’s parents/guardians will take responsibility for its safe disposal.
* Where there are changes in dosage or time of administration, parents/guardians must write a letter requesting these changes. The “Request for Administration of Medication – Information and Consent” form and “The Indemnity form” will need to be updated.
* Written request for administering of medication should be renewed at the beginning of each school year.

**Ratification of Policy**

This policy will be reviewed and updated as and when deemed necessary by the Board of management of St. Michael’s Primary School and Centre for Autism.

This policy was ratified by the Board of management on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Chairperson of Board of Management.

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

Principal.

**APPENDIX 1**

**Request for Administration of Medication – Information & Consent**

Child’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Under what circumstances should medication be given?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition for which medication is required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child   CAN / CAN NOT self-administer this medication.

GP name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent for staff members in the school to administer/supervise
administration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in dosage of \_\_\_\_\_\_\_\_\_\_\_\_\_, to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_under the circumstances outlined above.

I understand that information about my child’s medical condition and treatment will be shared with school staff, and in the event of an emergency with the GP or other medical personnel.

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

Parent/Guardian

**APPENDIX 2**

                         **ADMINISTRATION OF MEDICINES IN SCHOOLS – INDEMNITY**

 **THIS INDEMNITY** made the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of 20\_\_\_\_\_\_ BETWEEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(lawful father and mother / legal guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(hereinafter called ‘the parents/guardians) of the One Part and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for and on behalf of the Board of Management of St. Michael’s Primary School and Centre for Autism, Patrick Street, Trim, Co. Meath of the Other Part.
**WHEREAS:**
1. The parents/guardians are respectively the lawful father and mother/legal guardians 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, viz.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. The parents/guardians 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 said school as may be designated from time to time by the Board.

**NOW IT IS HEREBY AGREED** by the parties hereto as follows:
In consideration of the Board entering into the within Agreement, the parents, as the lawful father and mother/legal guardians respectively of the said pupil **HEREBY AGREE** to indemnify and keep indemnified the board, its servants and agents including without prejudice to the generality the said 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 said medicines.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardians.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson of the Board of Management.