



# Gaelscoil Dhroichead na Banndan

Uimhir Rolla: 20025E | [www.gsbanndan.ie](http://www.gsbanndan.ie)

## Administration of Medicines Policy

Rev. No.: 1 Ref. No.: PO.05 Issue Date: 16-Apr-24 Page No: 1 of 7

### 1. PURPOSE

This document sets out the Administration of Medicines Policy for Gaelscoil Dhroichead na Banndan.

### 2. SCOPE

The policy applies to all staff of the school.

### 3. INFORMATION

#### 3.1 Introduction

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/drugs to pupils.

The Board of Management requests parents to ensure that teachers and the Board be made aware in writing of any medical condition suffered by any children by completing Medical Form A / Foirm Leighis A circulated at the beginning of each school year.

- Non-prescriptive medicines will neither be stored nor administered to pupils in school.
- Prescribed medicines will not be administered in school without:
  - A written parental request: Medical Form B / Foirm Leighis B;
  - A form indemnifying the authorised teacher/teachers and the Board of Management in respect of any liability that may arise regarding the administration of prescribed medicines in school: Medical Form C / Foirm



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Leighis C). The Board of Management will inform the school's insurers accordingly;

- The specific authorisation of the Board of Management to a teacher / teachers to administer the medicines in question;
- The medicine will be kept in the Principal's / Administration office, or in certain circumstances, in a safe place in the relevant classroom, as deemed appropriate by the Principal.
- Certain medicines, such as inhalers used by asthmatic children, must be readily accessible at all times of the school day. These may be kept by a particular child if a written request is received from the child's parents / guardians.
- The medicine should be self-administered if possible, under the supervision of an authorised adult.
- A written record of the date and time of administration must be kept. Where possible, a second member of staff should witness the administration of medicine.
- No teacher can be required to administer medicine or drugs to a pupil.
- In emergency situations qualified medical assistance will be secured at the earliest opportunity.
- It is the parent's responsibility to check each morning whether or not the authorised teacher is in school unless an alternative arrangement is made locally.
- Where children are suffering from life threatening conditions, an appropriately qualified medical practitioner is required to outline clearly in writing, (Medical Form B / Foirm Leighis B) what can and can't be done in a particular emergency situation, with particular reference to what may be a risk to the child.
- Where possible, the family doctor should arrange for the administration of prescribed medicines outside of school hours.



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- Where authorisation 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 provided by the practitioner above, giving the name of the pupil. It is the parent's responsibility to ensure that medicine stored in the school has not reached its expiry date and to arrange for the collection, disposal (and replacement, if necessary) of that which has.
- In administering medication to pupils, authorized teachers will exercise the standard of care of a reasonable and prudent parent.
- The above medical forms (A, B and C) should be renewed at the beginning of each year or whenever changes are required to the prescribed medicine or its dosage.

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

### 3.3 Review of Documentation

The policy will be subject to evaluation/review on an annual basis and amendments may be made to the policy in light of:

- Revised/New DES Circulars and Guidelines.
- Medical Advice

The Principal will report to the Board of Management at least once each year to assess compliance with school policy.



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### 4. APPROVAL INFORMATION

The Policy was ratified by the Board of Management on 16-Apr-24. This policy will be reviewed on an annual basis.

### 5. REFERENCE DOCUMENTATION

- n/a

### 6. APPENDICES/DIAGRAMS

- Medical Form A / Foirm Leighis A
- Medical Form B / Foirm Leighis B
- Medical Form C / Foirm Leighis C

# PO.05: Administration of Medicines Policy

## Riarachán Cógais i nGaelscoil Dhroichead na Banndan Request For Administration of Medicines in Gaelscoil Dhroichead na Banndan

### **Medical Form A / Foirm Leighis A**

#### Eolas Ginearálta (General Information):

**Ainm an Dalta** \_\_\_\_\_  
*Child's Name*

**Rang** \_\_\_\_\_

**Seoladadh** \_\_\_\_\_  
*Address*

**Ainm na dTuistí / Caomhnóra** \_\_\_\_\_  
*Parent / Guardian's Name*

**Guthán Baile** \_\_\_\_\_  
*Home Phone*

**Guthán Oibre** \_\_\_\_\_  
*Work Phone*

**Guthán:**      **Athair** \_\_\_\_\_  
*Mobile*      *Father* \_\_\_\_\_

**Máthair** \_\_\_\_\_  
*Mother* \_\_\_\_\_

**CONTACT NUMBERS:** Please provide two contact numbers of people (family members, close friends) who would be available to collect your child from school in case of illness/accident. These people would need permission from you to take your child to the doctor should the need arise.

#### It is important that the people whose numbers are noted here have been informed:

**Ainm** \_\_\_\_\_  
*Name*  
**Relationship to Child** \_\_\_\_\_

**Uimhir Guthán** \_\_\_\_\_  
*Phone Number*

**Ainm** \_\_\_\_\_  
*Name*  
**Relationship to Child** \_\_\_\_\_

**Uimhir Guthán** \_\_\_\_\_  
*Phone Number*

#### *Child's Medical History*

**Dochtúir** \_\_\_\_\_  
*Family Doctor*

**Uimhir Guthán** \_\_\_\_\_  
*Phone Number*

**Is your child allergic to Pencillin or any other drugs?** \_\_\_\_\_

**Does your child suffer from any medical condition (any allergies etc.)?** \_\_\_\_\_

**Is your child on any medication?** \_\_\_\_\_

**Please specify name of medication and how often it is taken** \_\_\_\_\_

#### **Emergency Treatment**

In the case of emergency and your child needing urgent medical help he/she will be accompanied by a member of staff to a doctor's surgery, or hospital in more serious circumstances. You, the parents will be notified immediately of such an occurrence and will be responsible for him / her thereafter.

**I agree to the above** \_\_\_\_\_  
**Síniú/Dáta** \_\_\_\_\_ *Mother's Signature/Date*

\_\_\_\_\_ *Father's Signature/Date*

# PO.05: Administration of Medicines Policy

## Riarachán Cógais i nGaelscoil Dhroichead na Banndan

## Request For Administration of Medicines in Gaelscoil Dhroichead na Banndan

### ***Medical Form B/ Fóirm Leighis B***

We, the parents/guardians of \_\_\_\_\_, request the Board of Management of Gaelscoil Dhroichead na Banndan to authorise \_\_\_\_\_, (staff member(s)) to administer the medicine as specified on this document to \_\_\_\_\_ in the emergency circumstances that are outlined below.

To be completed by an appropriately qualified medical practitioner:

1. Circumstances in which medication is to be administered by a staff member (i.e. when, what symptoms etc.):

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2. Name of medication

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3. Exact procedure to be followed in administering the medicine. (N.B. exact dosage, is it to be self-administered under supervision etc?)

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4. Other important relevant details. (i.e. what can or cannot be done in a particular situation, what may be a risk to the child etc.)

Name of Medical Practitioner \_\_\_\_\_ Signature of Medical Practitioner \_\_\_\_\_

Signatures of both parents \_\_\_\_\_  
Máthair (Mother) \_\_\_\_\_ Athair (Father) \_\_\_\_\_

Dáta: \_\_\_\_\_

# PO.05: Administration of Medicines Policy

## Riarachán Cógais i nGaelscoil Dhroichead na Banndan Request For Administration of Medicines in Gaelscoil Dhroichead na Banndan

### **Medical Form C / Foirm Leighis C**

I wish to request that the Board of Management makes arrangements to administer the following medication to my child during or outside of school hours. I have read the school's Administration of Medication Policy and agree to abide by its contents.

Aimn an Pháiste: \_\_\_\_\_  
(Child's name)

Aimn an Mhúinteora: \_\_\_\_\_  
(Child's teacher)

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

Dose Prescribed: \_\_\_\_\_

Time of Dosage: \_\_\_\_\_

Level of Risk to the child if dosage is missed? (e.g. low/high) \_\_\_\_\_

**Please note:**

- *Essential medicines only will be administered.*
- *Medicines must be contained in a child-proof container, and handed to a staff member such as a SNA or teacher.*
- *Any changes in doses etc. require a new form to be filled.*

**I/we hereby indemnify the Board of Management and any authorised member of staff in respect of any liability that may arise regarding the administration of such medicines while our son/daughter is under the care and supervision of school staff.**

Siniú na Máthar/Caomhnóra: \_\_\_\_\_ Dáta: \_\_\_\_\_  
(Signature of Mother/Guardian)

Siniú an Athair/Caomhnóra: \_\_\_\_\_ Dáta: \_\_\_\_\_  
(Signature of Father/Guardian)