



Administration of Medicines

This Statement sets out the Administration of Medicines Policy of the Board of Management of Ballinteer Educate Together National School and sets out the means to achieve that policy.

Any medication belonging to a child is kept in a secure and clearly visible location in the child's classroom. Asthma inhalers for children from second to sixth class will be kept in their own bags, however.

No teacher will be required to administer medicines or to supervise children taking medicines. If teachers are willing to do so, specific authorisation will be given in writing by the Board of Management.

Parents and guardians of children requiring medication will need to fill in a form. They will also be required to complete an indemnity form in respect of any liability that may arise from the administration of medication. They will inform the teacher(s) how the medication should be administered. (See Appendix 2)

Parents and guardians will have responsibility to check each morning that the authorised teacher(s) is/are in school, that the teacher(s) has/have the medication on trip/swimming days, and that the medication is available and in date. If at all possible, any medication should be self-administered, under the supervision of an authorised adult. A written record of the date and time of administration will be filled out by the teacher and put in the child's class medical file on the same day (with the exception of asthma inhalers). The child's parent/guardian will be informed on the same day that medication has been administered.

Communicable disease

In the case of any infectious disease, parents and guardians will be informed as soon as possible, and appropriate action will be taken by the Principal and Board of Management to limit the associated risks.

All records of accidents or ill health will be monitored in order to ensure that any safety measures required can be put in place, wherever possible, to minimise the recurrence of such accidents and ill-health.

Other policies

A range of other, related issues, including health and safety, critical incidents, child protection, equality of access and participation, teachers' professional conduct etc. are dealt with in separate school policies.

Review

This policy will be monitored on an on-going basis. Administration of medications and Health and safety risk assessments will take place at least annually and sooner if circumstances require this. If necessary, this policy and these procedures will be amended as a result of these audits, and shall in any case undergo full review in 2013-2014.

Signed

_____ Date: _____

Robert Cochran

Chairperson Board of Management

Appendix 1

School information regarding medical conditions / allergies

Name of Pupil: _____ Date of Birth: _____

Does your child have any medical conditions or allergies that the school should be aware of? Yes _____ No _____

If "Yes", please complete the details below, in full.

(If you would like some help filling out this form, please make an appointment to speak to the Principal.)

Please **name and describe** the medical condition or allergy:

Medical condition:

Allergy:

Date or age of diagnosis by a doctor: _____

What are the **symptoms** of the medical condition or allergy?/What can happen to your child because of this condition/allergy, as explained by a doctor?

Has a doctor told you that this is a serious medical condition or allergy that might require medical or hospital attention?

Has your child ever required emergency or hospital attention for this condition or allergy in the past?

Yes _____ No _____

Explain what happened:

How does this condition or allergy affect your child? Please describe how your child looks/feels/acts when they become unwell:

What words do you and your child use to explain how they are feeling? (For example, "My chest feels tight" or "I need my puffer" or "It feels very bad" etc...)

**** At Ballinteer Educate Together National School, we do not administer medications unless a prior agreement has been made between parents and the Board of Management. If you feel your child needs to use medication at school, please make an appointment to meet with the Principal to discuss this.*

Signed: _____

Parent/Guardian

Date

Appendix 2

Administration of Medication to Pupils

Name of child: _____

Address: _____

Date of Birth: _____

Dear Chairperson of the Board of Management,

My child, _____, suffers from the condition known as
_____.

I/We, the parent(s)/guardian(s), hereby request that where the class teacher or any member of the staff of Ballinteer Educate Together National School agrees to become involved in the administering of medication, the Board of Management would grant permission to the said persons to administer the appropriate medication following the instructions as outlined below.

1. Name of medication to be administered _____
2. Method of administering medication (orally, inhaler, injection etc.) _____
3. Amount of medication to be administered at any one time _____
4. Time of day medicine is administered (if relevant) _____
5. Regularity with which medication should be administered (once a day, once a week, whenever necessary) _____

Please find attached (if necessary) more detailed instructions regarding the administering of the medication, and procedures to be followed in an emergency situation with articular reference to what may be a risk to the child.

In consideration of the Board of Management entering into this agreement, I/we, the parent(s)/guardian(s), hereby agree to indemnify and keep indemnified the Board, its servants and agents including the pupils, class teacher and any other member of staff who may administer the said medication from and against all claims both present and future arising from the administration or failure to administer the said medication.

Yours sincerely,

_____ Date: _____

Parent(s)/Guardian(s)