**Administration of Medicines Policy**

**Crosserlough National School**

***Introduction***

Under the provision of the Education Act 1998 and the regulations of the Department of Education and Science, the Board of Management is the body charged with the direct governance of the school. Concerns should be addressed to the Board of Management of the school. The Department cannot direct any member of the Board of Management or the teaching staff of the school to administer medical treatment to pupils, actions and procedures which are normally carried out by medical professionals such as doctors and nurses.

**Rationale & Aims**

This policy has been formulated in order to ensure that when children require medication, the school is in a position to administer this medicine in a correct manner.  Two staff members are designated with administering medicine and these names are clearly identified in the form which parents sign.

**Policy**

1. No teacher can be required to administer medicine or drugs to a pupil.
2. Any staff member who is willing to administer medicines should only do so under strictly controlled guidelines, fully confident that the administration will be safe. A staff member who does take responsibility for administering medicines takes on a heavy legal duty of care to discharge the responsibility correctly. Every reasonable precaution must be taken. Clear instructions about medicines requiring regular administration must be obtained and strictly followed.
3. The parent(s) of the pupil concerned should write to the Board of Management requesting the Board to authorise a member of the staff to administer the medication;
4. the request should also contain written instructions of the procedure to be followed in administering the medication;
5. the Board of Management, having considered the matter, may authorise a two staff members to administer medication to a pupil. If the staff member is so authorised she/he should be properly instructed by the Board of Management;
6. in administering medication to pupils, teachers should exercise the standard of care of a reasonable and prudent parent;
7. the Board of Management should inform the school’s insurers accordingly;
8. the Board of Management should seek an indemnity from the parent(s) in respect of any liability that may arise regarding the administration of the medication.
9. Arrangements should also be made by the Board of Management for the safe storage of medication and procedures for the administration of medication in the event of the authorised teacher's absence. 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.
10. A diary will be stored along with the medication so that a record for administration can be kept.  This is to be filled in by the designated staff member each time medication is administered.
11. In emergencies teachers should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.
12. Where possible, schools should request that medical practitioners would arrange times for medication so that they don’t coincide with school time.
13. It is important that Boards of Management request parents to ensure that teachers be made aware in writing of any medical condition suffered by any children in their class. Children who are epileptics or diabetics or who are prone to anaphylactic shock syndrome may have an attack at any time and it is vital, therefore, to identify the symptoms in order that treatment can be given by an appropriate person if necessary.

Form for Administration of Medicine

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) and Address of  Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name / Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions on Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Designated member of staff to administer the medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this person is absent, who will administer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal of School)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent(s)/Guardian(s))

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson of BOM)