



Administration of Medication Policy

Introductory Statement

This policy was compiled in line with best practice in relation to the administration of medicine in our school and in accordance with guidelines issued by the Catholic Primary School Management Association (CPSMA) and the Irish National Teachers' Organisation. This policy was discussed with relevant personnel from our school community to include alternative perspectives on the administration of medication in the best interests of our pupils. As our school is an SEBD (Severe Emotional Behavioural Difficulties) setting, we endeavour to support pupils with medication needs in so far as is practical. The support of parents is essential in relation to the administration of medication.

Aims & Objectives

The policy as outlined was put in place to-

- Clarify areas of responsibility,
- To give clear guidance about situations where it is not appropriate to administer medicines,
- To indicate the limitations to any requirements which may be notified to teachers and school staff,
- Safeguard school staff that are willing to administer medication,
- Protect against possible litigation,
- Minimise health risks to children and staff on the school premises,
- Fulfil the duty of the Board of Management in relation to Health and Safety requirements,
- Provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians.

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure, and caring school environment and the furthering of positive home-school links.

Procedure

- The Board of Management requests parents/guardians to ensure that the school 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 (Appendix B).
- The Board of Management requests parents/guardians fill out the letter to Board of Management regarding medication (Appendix A) if the administration of medication is required during the school day.
- Parents/guardians are responsible for ensuring that the medication is delivered to the school and handed over to an appropriate adult, and for ensuring that an adequate supply is available. No medications are stored on the school premises, unless a child requires self-administering daily and parents have requested storage facilities, in which case a small quantity of the prescription will be stored in the Principals Office.
- Parents/guardians are required to indemnify the Board and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school.
- The school generally advocates the self-administration (e.g., inhalers, ADHD medication) of medicine under the supervision of a responsible adult.
- Changes in prescribed medication (or dosage) should be notified immediately to the school.
- Where children are suffering from life threatening conditions, parents should outline clearly in writing, what should and what should not be done in a particular emergency situation, with particular reference to what may be a risk to the child (Appendix C).
- Parents are required to provide a telephone number where they may be contacted in the event of an emergency arising.

Emergencies

- In the event of an emergency, teachers should do no more than is 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.

- Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, designated staff members may take a child into Accident and Emergency without delay. Parents/guardians will be contacted simultaneously.
- Parents/guardians must ensure that teachers are made aware in writing of any medical condition which their child is suffering from (e.g., epilepsy, diabetes, allergies, etc), to ensure treatment may be given by appropriate persons (Appendix B).
- Written details are required from the parents/guardians outlining the child's personal details, name of medication, prescribed dosage, whether the child is capable of self-administration and the circumstances under which the medication is to be given. Parents should also outline clearly proper procedures for children who require medication for life threatening conditions (Appendix C).
- The school maintains an up-to-date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year.

Life Threatening Conditions

Where children are suffering from life threatening conditions, parents/guardians must clearly outline, in writing, what should be done in an emergency, with particular reference to what may be a risk to the child (Appendix C). If emergency medication is necessary, arrangements must be made with the Board of Management. A letter of indemnity must be signed by the parents in respect of any liability that may arise regarding the administration of medication.

Roles and Responsibilities

The Board of Management has overall responsibility for the implementation and monitoring of the school policy on Administration of Medication. The Principal is the day-to-day manager of routines contained in the policy with the assistance of all staff members.

This policy has been drawn up by the principal in collaboration with the staff of St. Peter's and in consultation with the Board of Management. It will be made available to all members of the school community.

This policy will be reviewed annually and amended if necessary.

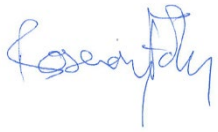
Rosemary Fahy

Principal St. Peter's School

Eoin Ó Donnagáin

Chairperson to the Board of Management

Signed:



Date: 26th November 2025

Signed:



Date: 26th November 2025



ST. PETER'S SCHOOL

BUILDING OUR FUTURE



St Peter's School

59 Orwell Road, Rathgar, Dublin 6 D06X594

Phone: 01-2234840

Email: secretary@stpeterssch.ie

Letter to Board of Management Regarding Medication

**Please tick box A or B as appropriate*

I _____ am writing to the Board of Management to request permission for the school principal/deputy principal/class teacher/SNA to administer the medicine, listed below, to my child _____ during each school day.

☐

A

OR

I _____ am writing to the Board of Management to request permission for my child _____ to self-administer his/her prescription during each school day, under the supervision of school staff.

B

☐

The medication in question is _____ and requires _____ tablet/dose, _____ daily.

This prescription is necessary due to a diagnosis of _____. I agree to supply and keep the school informed of this prescription, including any changes which may occur.

Signed: _____ **(Parent/ Guardian)**
Appendix B

Date: _____



ST. PETER'S SCHOOL

BUILDING OUR FUTURE



St Peter's School

59 Orwell Road, Rathgar, Dublin 6 D06X594

Phone: 01-2234840

Email: secretary@stpeterssch.ie

Allergy/ Condition Details

Type of Allergy/ Condition: _____

Reaction Level: _____

Medication: _____

Storage details: _____

Dosage required: _____

Administration Procedure (When, Why, How)

Signed: _____

Date: _____

Appendix C



ST. PETER'S SCHOOL

BUILDING OUR FUTURE



St Peter's School

59 Orwell Road, Rathgar, Dublin 6 D06X594

Phone: 01-2234840

Email: secretary@stpeterssch.ie

Emergency Procedures

In the event of _____ displaying any symptoms of medical difficulty (listed below), the following procedures should be followed.

Symptoms: _____

Procedure: ****To include Dial 999 and call emergency services & Contact Parents***

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Appendix D



ST. PETER'S SCHOOL

BUILDING OUR FUTURE



St Peter's School

59 Orwell Road, Rathgar, Dublin 6 D06X594

Phone: 01-2234840

Email: secretary@stpeterssch.ie

Record of administration of Emergency Medicines

Pupil's Name: _____

Date of Birth: _____

Medical Condition: _____

Medication: _____

Dosage Administered: _____

Signed: _____ (person who administered)

Signed: _____ (Principal)

Date: _____