

**Scoil Mhuire Naofa**  
**Carrigtwohill**  
**Co Cork**  
**Website: [www.carrigtwohill.com](http://www.carrigtwohill.com)**  
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**Scoil Mhuire Naofa**  
**Carraig Thuathail**  
**Co Chorcaí**  
**021-4883271**  
**Mobile: 085-8709935**

**Rolla: 18000w**

## **The Administration of Medicines in Scoil Mhuire Naofa**

Data Protection: Data in The Parental Permission Form will be kept securely by Scoil Mhuire Naofa. The information included in this form will only be accessed by relevant authorised staff and Board of Management members. It will be used solely for the purposes of the enrolment procedures of Scoil Mhuire Naofa.

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.

The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any children in their class.

Non-prescriptive medicines will neither be stored nor administered to pupils in school. Prescribed medicines will not be administered in school without the written consent of parents and the authorisation of the Board of Management.

The medicine should not be kept by the pupil but in the top drawer *of the teacher's filing cabinet*, out of reach of pupils. Certain medicines, such as inhalers used by asthmatic children, must be readily accessible at all times of the school day.

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.

A teacher can be required to administer medicine or drugs to a pupil.

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 will be secured in emergencies at the earliest opportunity.

Parents of a pupil requiring regular medication during school hours should write to the Board to authorise a member of staff to administer the medication in school.

Written details are required from the Parent/Guardian to the Board of Management giving the name of the child, name, and dose of medication; whether the child should be responsible for his/her own medication; the circumstances in which medication is to be given; when the parent is to be notified and where s/he can be contacted. 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.

Parents should:

Ensure that teachers are made aware in writing of any medical condition suffered by any children in their class.

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.

Príomhoide: Anne Marie Moylan  
L. Príomhoide: Val Quigley

Chairperson: Maurice O'Donoghue  
Secretary: Margot Hartnett

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Identify the symptoms in order that treatment can be given by an appropriate person if necessary. Provide detailed written instructions of the procedure to be followed in the administering the medication.

*Give permission if necessary for vital medical information, including a photo of their child, to be displayed, so as to ensure the staff of the school are familiar with the child.*

*Take responsibility for the 'use by' dates of the medications and update as required.*

Parents are further required to indemnify the Board of Management and authorised members of staff in respect of any liability that may arise regarding the administration of prescribed medicines in school. The Board of Management will inform the school's insurers accordingly.

Where possible the family doctor should arrange for the administration of prescribed medicines outside of schools hours

Where permission 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, giving the name of the pupil.

Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication.

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

Request for administration of medication should be renewed at the beginning of each school year.

This policy will be reviewed as and when necessary.

Board of Management of Scoil Mhuire Naofa

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## THE ADMINISTRATION OF MEDICINES/MONITORING OF MEDICAL CONDITION

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Pupil's Name/Ainm: \_\_\_\_\_

Address/Seoladh: \_\_\_\_\_

Date of Birth/Data Breithe: \_\_\_\_\_ Class/Rang: \_\_\_\_\_

Emergency Contact Numbers:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosed condition: \_\_\_\_\_

Prescription details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child(ren) to be responsible for taking the prescription himself Yes / No

Description of medical condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action is required?

\_\_\_\_\_  
\_\_\_\_\_

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I/we request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well-being of my/our child.

I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition.

I/We understand that no school personnel have any medical training and we indemnity the Board of Management from any liability that may arise from the administration of the medication.

*I/We understand that it is our responsibility to monitor 'use by' dates of medications and change if necessary.*

*I/We understand that personal medical information may need to be displayed about serious medical conditions.*

**SIGNED:** \_\_\_\_\_ **Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian**

**DATE:** \_\_\_\_\_

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