



GAELSCOIL CHARRAIG UÍ LEIGHIN

## Management and Administration of Medicines Policy

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Cathaoirleach an Bhoird Bhainistíochta; Majella Ní Chruaí; 18-05 2021

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## Gaelscoil Charraig Ui Leighin

### **Management and Administration of Medicines Policy**

#### **Introduction:**

This policy was drafted as a collaborative exercise between the Board of Management (BoM), staff and parents/guardians. It will be presented to the Board of Management for ratification. This policy will be reviewed on a regular basis. The Board of Management, staff and parents/guardians are responsible for the implementation of the policy.

#### **Rationale:**

The policy as outlined was put in place to;

- Clarify areas of responsibility for prescribed medicines at school.
- To give clear guidance about situations where it is and is not appropriate to administer medicines.
- To outline procedures to deal with children taking prescribed medicines in our school.
- To safeguard school staff who are willing to administer medication.
- To protect against possible litigation.

#### **Relationship to School Ethos:**

We believe that when parents/guardians, teachers, children and management work together with dedication and co-operation a sense of pride and self-esteem is created in our community. 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.

#### **Aims of this Policy:**

The aims and objectives of this policy can be summarised as follows;

- Minimise serious health risks to children on the school premises.
- Fulfil the duty of the BoM in relation to Health and Safety requirements.
- Provide a framework within which medicines may be managed and administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians.

### **Guidelines for Parents/guardians/Guardians for the Management & Administration of Medicine.**

1. An application is made to the Board of Management by the parents/guardians of the pupil with special medical needs.
2. An application contains;  
Appendix 2-Form 1: Request to Board of Management  
Appendix 2-Form 2: Administration of Medicine Instruction  
Appendix 3: Contract of Indemnity  
Appendix 5,6,7, or 8: An appropriate Action Plan
3. Applications will be reviewed by the Board and parents/guardians will be informed of the Board's decision.
4. Parents/guardians are responsible for ensuring that
  - (a) the medication is delivered to the school in a suitable container with a sealable lid,
  - (b) handed over to a responsible adult
  - (c) an adequate supply is available and supplies are replenished when used or expiry dates are reached.
5. All documents associated with applications are kept in the school, in the file for Students with Special Medical Needs, in the Deputy Principal's Office. A copy of the Action Plan and a Medical Record Chart will be stored with the medication. When the student leaves the school, the Application and Medical Record will be moved to the child's own file and retained in line with GDPR requirements.
6. Where possible, the parents/guardians should arrange for the administration of prescribed medicines outside of school hours.

### **Guidelines for the Board of Management:**

1. The Board will review all applications for children who require prescribed medication.
2. The Board, having considered the matter, may authorise staff member(s) to administer medication to a pupil or to monitor the self-administration by a pupil.
3. The Board will ensure that any authorised person is properly instructed in how to administer the medicine.
4. The Board shall seek an indemnity from parents/guardians in respect of liability that may arise regarding the administration or the non-administration of the medicine.
5. The Board shall inform the school insurers accordingly. See Appendix 12.
6. The Board shall make arrangements for the safe storage of medication and procedures for the administration of medication.

### **Guidelines for Health & Safety Officers:**

1. Inform staff, parents/guardians of the existence of this policy.
2. Engage with parents/guardians in making an application to the Board of Management.
3. Make appendices available for completion.
4. Liaise with class teacher/SNA regarding Action Plan, storage of medication and record keeping.

### **Guidelines for Staff Members:**

1. Inform Health & Safety Officers of a new case when it is brought to your attention.
2. No staff member can be required to administer medication to a pupil.
3. Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
4. Prescribed medicines must be stored in the top drawer of the classroom teacher's desk. This drawer is not locked.
5. Share the diagnosis & action plan with colleagues at your class level.
6. Appendix 2 Form 1 and Form 2, should be reviewed and/or completed if any changes arise in the child's condition.
7. Subsequent teachers should be informed of any child with a medical condition in the class.
8. Medication must not be administered without authorisation from the Board of Management.
9. When administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.

10. A written record of the date and time of administration must be kept by the person administering the medication. (Appendix 4)
11. Bring medication belonging to pupils in your class with you, along with a mobile phone whenever you leave school grounds.

#### **In –School Procedures:**

1. Parents/guardians are required to complete a Health/Medication form when enrolling their child/children in the school.
2. Prescribed medicines will only be administered after parents/guardians of the pupil concerned have made an application to the Board. All relevant documentation must be completed and received. Under no circumstance will non-prescribed medicines be stored or administered in the school.
3. The school generally advocates the self-administration (e.g. inhalers) of medicine under the supervision of a responsible adult, exercising the standard of care of a prudent parent. A small quantity of prescription drugs will be stored in the child's classroom if a child requires self-administering on a daily basis/emergency situation and parents/guardians have requested storage facilities.
4. All efforts are made to ensure that the necessary medicine is stored in the same place in each classroom, the top drawer of the class teacher's desk. It is not recommended that children keep medication in bags, coats, etc.
5. Staff members have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere.
6. A diabetes policy exists to address the needs of students with diabetes in our school.
7. In an effort to raise staff awareness of children with long-term health requirements, an individual poster and a whole school summary of cases are displayed in the staffroom. (Appendix 11.) These are reviewed by the Health & Safety Officers as required.

#### **Life Threatening Condition/Emergencies**

1. In the event of an emergency, staff should do no more than they consider necessary and appropriate. Qualified medical treatment should be secured in emergencies at the earliest opportunity.
2. Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, designated staff members may take a child into designated Emergency Dept. without delay. Parents/guardians will be contacted simultaneously.
3. The school maintains a register of contact details of all parents/guardians including emergency numbers. This is updated in September of each school year. Parents/Guardians are responsible for updating their contact details by contacting the office and this facility is available to parents/guardians via the Aladdin App iConnect.

## **Guidance for Common Medical Conditions that arise in school, i.e. Anaphylaxis/Asthma/Epilepsy**

\*These are sample action plans and it is understood that considerations/circumstances will give rise to changes.

### **The following guidelines are in place with regard to pupils with Anaphylaxis (Food/Nut Allergy).**

See Appendix 5-Anaphylaxis Action Plan.

1. We are a nut-free school. Nuts or any item with nut trace are forbidden in the school.
2. Children are advised not to offer or exchange foods, sweets, lunches etc.
3. Alternative 'treat' options should be discussed with the class teacher.
4. If going off-site, medication must be carried.
5. A review can take place in a meeting scheduled during the Parent/Guardian/Teacher meetings.
6. The pupil should be treated in accordance with his/her individual Action Plan.

### **The following guidelines are in place with regard to pupils with Asthma.**

See Appendix 6- Asthma Action Plan

1. Stay calm, sit up straight, do not lie down, take slow steady breaths.  
Take one puff of your reliever inhaler (blue) every minute. Use a spacer if available.  
People over 6 years can take up to 10 puffs in 10 minutes -Children under 6 years can take up to 6 puffs in 10 minutes
2. Individual specific 'triggers' should be discussed with the class teacher.
3. If going off-site, medication must be carried.
4. A review can take place in a meeting scheduled during the Parent/Guardian/Teacher meetings.
5. The pupil should be treated in accordance with his/her individual Action Plan.

### **The following guidelines are in place with regard to pupils who have Epilepsy.**

See Appendix 7-Epilepsy Action Plan & Appendix 8- Protocol for Administration of Buccal Midazolam

1. DO: Time the seizure, remove any harmful objects in the vicinity, Cushion the head.
2. DON'T: put anything in the person's mouth, restrain the person or move unless in danger.
3. DO: Follow the protocol for Administration of Buccal Midazolam (if applicable, Appendix 8).
4. DO: Turn the person into recovery position after seizure, DO: stay with the person until seizure ends and offer assistance.
5. If going off-site, medication must be carried.
6. A review can take place in a meeting scheduled during the Parent/Guardian/Teacher meetings.
7. The pupil should be treated in accordance with his/her individual Action Plan.

### Success Criteria

- The effectiveness of the school policy in its present form is measured by the following criteria:
- Compliance with Health and Safety legislation
- Maintaining a safe and caring environment for children
- Positive feedback from parents/guardians/teachers
- Ensuring the primary responsibility of the management and administering medicines remains with parents/guardians.

### Roles and Responsibilities

The following people have particular responsibilities for aspects of this policy:

- Parents/guardians
- Staff
- Principal
- Pupils
- Secretary
- Board of Management

### Implementation Date

The policy was implemented in April 2021. Amendments will be implemented immediately.

### Timetable for Review

The operation of this policy will be reviewed biennially from school year 2021/22.

### Ratification & Communication of Management and Administration of Medicines Policy

The policy was circulated to the members of the Board prior to a meeting in April 2021. The plan is available to view on the School Website and forms for completion are available by appointment in the office.

This policy was ratified by the Board of Management on \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
CHAIRPERSON OF THE BOM

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINCIPAL

**Appendix 1- Letter to Parents/Guardians of children with special medical needs and/or prescribed medication.**

Dear Parents/ Guardians,

Please find enclosed our policy and protocol for the management and administration of medicines to children during school hours.

To enable us to provide care to your child an application must be made to the Board of Management. This application comprises the following:

1.	Appendix 2-Form 1	seeking permission to have the medication administered in school.	
2.	Appendix 2-Form 2	your doctor must complete this form.	
3.	Appendix 3	Contract of Indemnity.	
4.	An appropriate Action Plan must also be completed.	Anaphylaxis Action Plan	Appendix 5
		Asthma Action Plan	Appendix 6
		Epilepsy Care Plan	Appendix 7
		Protocol for Administration of Buccol Midazolam	Appendix 8

It is important to note that, parents/guardians are responsible for ensuring that:

- (a) the medication is delivered to the school in a suitable container with a sealable lid,
- (b) handed over to a responsible adult
- (c) an adequate supply is available
- (d) supplies are replenished when used or expiry dates are reached.
- (e) Any changes in instructions/medical advice should be notified in writing to the school.

Please check each September that information/medication for your child has been passed on to the new class teacher. A school register of students with special medical needs, which will include a photo of your child, is compiled and distributed among the staff.

If you have any queries in relation to this matter, please do not hesitate to contact us.

Please return Form 1, Form 2, the Contract of Indemnity and an Action Plan to the school at your earliest convenience.

Is mise le meas,

---

**Principal.**

**Appendix 2 - Form 1**

**Administration of Medication to Students**

**Request to Board of Management of Gaelscoil Charraig Uí Leighin:**

1. I / We, the parents/guardians of ..... request the Board of Management of Gaelscoil Charraig Uí Leighin to:
  - a) authorise the taking of prescription medicine, named below, during the school day as it is absolutely necessary for the continued well-being of my/our child
  - b) allow a member of staff to give medication to my/our child in an emergency situation.
  - c) Allow a staff member to supervise my child, self-administering, if necessary

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
School Year: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Medical Condition: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Storage Details: \_\_\_\_\_

Is the child responsible for taking medication him/herself? YES/NO

In the case of emergency during school, who would you like to administer the medication?

\_\_\_\_\_

Emergency Numbers: Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Backup \_\_\_\_\_

2. I enclose a letter from Dr. .... stating:
  - (a) Why the medication is needed
  - (b) Name of medication
  - (c) Time the medication should be administered
  - (d) Dosage to be administered
3. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amount must be brought in daily. Medicine that is to be used in an emergency will be stored in the school.
4. I/We understand that we must inform the school of any changes of medicine /dose in writing. Should there be any change in medication I/we will write to the Board of Management before this change takes place to notify them of same. Allowing adequate time for all staff to familiarise themselves with the changes.
5. I/We understand that no school personnel have any medical training. I/We indemnify the Board of Management and school personnel in respect of any liability that may arise regarding the administration of the medicine or the non-administration of medicine and I/we will sign the Indemnity Form (Appendix 3).

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix 2 - Form 2**

**Administration of Medication to Students**

Dear Doctor,

The Board of Management of *Gaelscoil Charraig Uí Leighin* requests that the information below be provided relating to medication which is administered to students during school hours.

The parents/guardians of ..... have been asked to return the information to the school and to advise of any changes to this regime in the future.

Many thanks for your co-operation in this matter.

Yours Sincerely

\_\_\_\_\_ Parent.

Name of Student: \_\_\_\_\_

Name of Medication: .....

Why is this medication required: .....

Time/When medication should be administered: .....

Dosage to be administered: .....

Storage details and information: .....

Additional Information (e.g. to be taken after meals, etc.):

-----

Signed: ..... IMC No.: \_\_\_\_\_ Date: .....

PRINT:.....

**Appendix 3 ADMINISTRATION OF MEDICINES IN SCHOOLS: CONTRACT OF INDEMNITY**

THIS INDEMNITY made on \_\_\_\_\_ (date) between \_\_\_\_\_ (lawful parents/guardians) of \_\_\_\_\_ (hereinafter called “the parents/guardians”) of the One Part AND \_\_\_\_\_ for and on behalf of the Board of Management of Gaelscoil Charraig Uí Leighin (hereinafter called “the Board”) of the Other Part.

**WHEREAS:**

1. The parents/guardians are respectively the lawful guardians of \_\_\_\_\_, a pupil of the above school.
2. The parents/guardians have disclosed in writing to Gaelscoil Charraig Ui Leighin that the pupil suffers on an ongoing basis from the condition known as.....The parents/guardians acknowledge they have full and sole responsibility at all times including all times while the pupil is attending the Gaelscoil, for the pupils health , medical condition and administration of medicines.
3. The pupil may, while attending the said school, require, in emergency circumstances {and an emergency circumstance shall be determined by the school at its sole discretion} the administration of medication {name and describe}.....
4. The parents/guardians have agreed that the said medication may, in emergency circumstances, be administered by the said pupil’s classroom teacher and/or such other members of staff of the said school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

- In consideration of the Board entering into the within Agreement, the parents/guardians, as the lawful guardians respectively of the said pupil HEREBY AGREE to indemnify the Board of Management and school personnel in respect of all and any liability that may arise regarding the administration of the medicine or any effect or adverse reaction to the administration of the medicine or the non-administration or delay in the administration of the medicine and keep indemnified the Board, its servants and agents including without prejudice to the generality the said pupil’s class teacher and/or the Principal of the said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents/guardians in the presence of:  
\_\_\_\_\_ (Board of Management representative signs here)

SIGNED AND SEALED by the said in the presence of:  
\_\_\_\_\_ (Parent(s)/Guardian(s) sign here)

**Appendix 4 Medication Chart Record**

Medication Chart for \_\_\_\_\_ School Year: \_\_\_\_\_

Date	Drug	Dosage	Time	Any side effect/ adverse reaction	Signed

Signed: \_\_\_\_\_

**Appendix 5 Anaphylaxis Action Plan (Food/Nut Allergy)**

Source: <http://ifan.ie/food-allergy-in-summary/managing-an-allergic-reaction-sample-emergency-plan/>

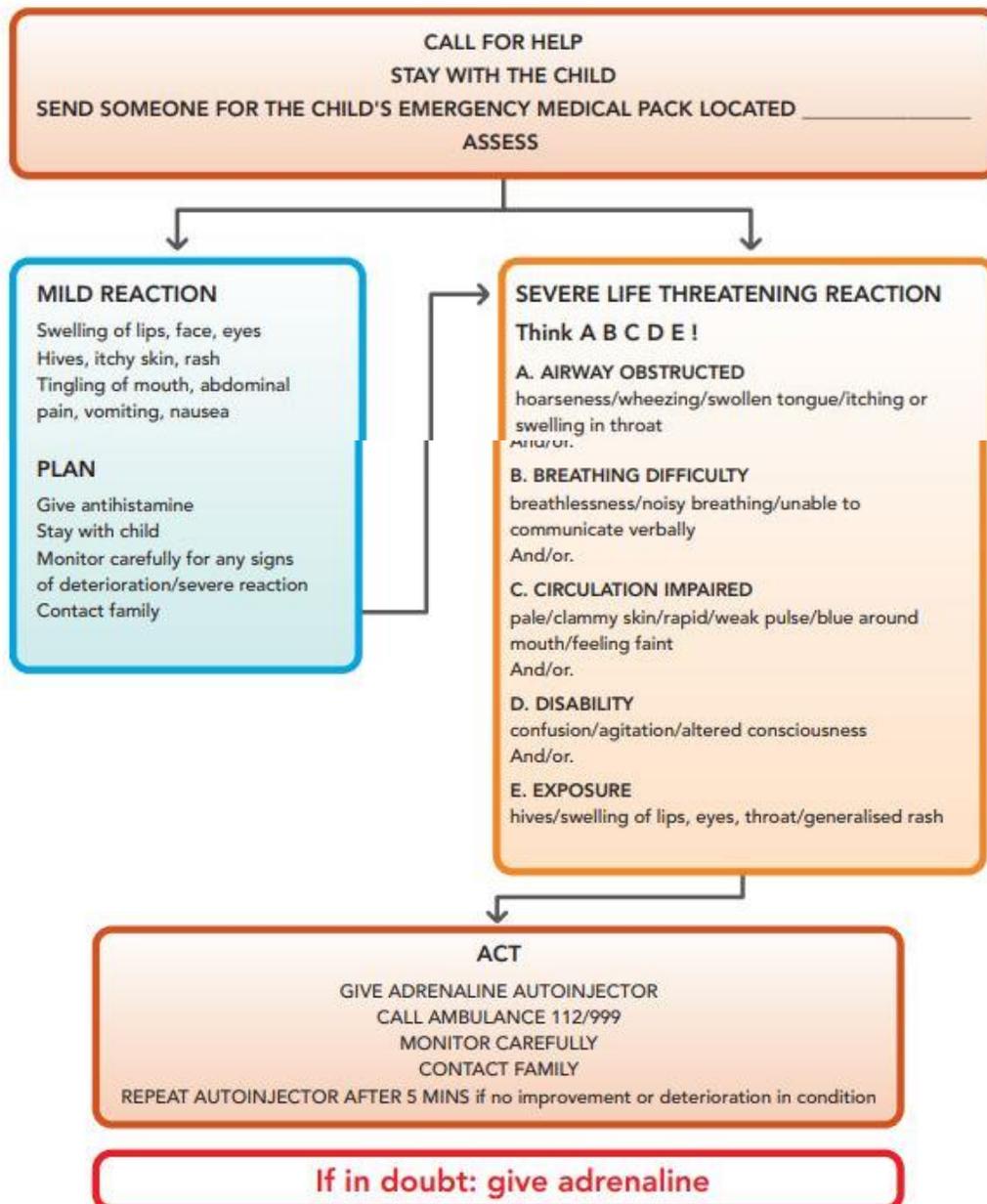
\*This is a sample action plan and it is understood that considerations/circumstances will give rise to changes.

Photo	NAME:
	Date of birth:
	Family contact:
	Allergic to:



# Managing an Allergic Reaction

Because allergy matters visit [www.ifan.ie](http://www.ifan.ie)



## Appendix 6.1: Asthma Action Plan

Source: <https://www.asthma.ie/about-asthma/resources/secondary-school-resources>

\*This is a sample action plan and it is understood that considerations/circumstances will give rise to changes.

### 5 STEP RULE HOW TO DEAL WITH AN ASTHMA ATTACK



1

**SIT UP AND STAY CALM**  
DO NOT LIE DOWN



2

**TAKE SLOW STEADY BREATHS**



3

**TAKE 1 PUFF OF RELIEVER  
INHALER USUALLY BLUE EVERY  
MINUTE USE A SPACER IF AVAILABLE**  
PEOPLE AGED 6+ – UP TO 10 PUFFS IN 10 MINS  
CHILDREN UNDER 6 – UP TO 6 PUFFS IN 10 MINS



4

**CALL 112 OR 999 IF YOUR  
SYMPTOMS DO NOT IMPROVE  
AFTER 10 MINUTES**



5

**REPEAT STEP 3 IF AN  
AMBULANCE HAS NOT  
ARRIVED IN 10 MINUTES**

#### **IF SOMEONE HAS AN ASTHMA ATTACK:**

- Do not leave them on their own.
- Extra puffs of reliever inhaler (usually blue) are safe.

## Appendix 6.2: Asthma Action Plan

Source: Asthma Society of Ireland > Asthma Action Plan > Back to School

\*This is a sample action plan and it is understood that considerations/circumstances will give rise to changes.

<b>My Asthma Action Plan</b>			
Name		Class & Teacher	
Next of Kin 1		Phone No.:	
Next of Kin 2		Phone No:	
Other Emergency Contact Numbers			
What are your asthma symptoms?			

<b>My Asthma Medicine</b>	
<b>My daily controller medication</b>	
My controller inhaler is:	Colour:
My other controller medication is:	Colour:
My nasal treatment is:	
My allergy treatment is:	
<i>Why do I need controller medication? My controller medication benefits my lungs by reducing inflammation, swelling and mucus.</i>	

<b>My reliever medication</b>	
My reliever medication is:	Colour:
<i>Why do I need reliever medication? My reliever works quickly to make breathing easier by opening up my airway. I will always carry my reliever inhaler with me.</i>	
My personal best peak flow (if over 6 years of age) is:	

<b>My asthma triggers are:</b>	

## Appendix 7 Epilepsy Action Plan

Source: Epilepsy Ireland>Epilepsy and Schools>Epilepsy Education Pack

\*This is a sample action plan and it is understood that considerations/circumstances will give rise to changes.

<b>Student Information</b>			
Name:		D.O.B.:	
Family Doctor:		Phone No.:	
Next of Kin 1		Contact No.:	
Next of Kin 2		Contact No.:	
<b>Medical Contacts</b>			
Hospital Attended		Consultant:	
Epilepsy Nurse			

<b>Medical Information</b>	
What type of epilepsy has the student been diagnosed with?	
What type of seizure(s) could the student have?	
Are there any known triggers for these seizures? Please list.	
What typically happens when the student has a seizure?	
How long does the seizure(s) last?	
Does he or she have a warning (aura)?	
What kind of first aid, if any, is required?	
Does the student need to rest after a seizure, for how long?	
Is a spare set of clothing required to be kept in the school? If so, where is this to be kept?	
Does the student have sleep seizures which affect attendance and functioning?	

<b>Routine Medication</b>	
How often does the student take medication each day?	
Is it necessary to take it in school, at a specific time of the day?	
Does the medication have any side effects? What are these?	
Does the student require emergency medication? If yes, have you completed Appendix 8?	

**Appendix 8- Protocol for Administration of Buccal Midazolam**

Source: Epilepsy Ireland>Epilepsy and Schools>Epilepsy Education Pack

The protocol for administration should contain the following and should be provided by the medic who prescribed the medication.

<b>Name of Student:</b>
<b>When to administer:</b>  If _____'s seizure lasts longer than (specified number of)_____ minutes Note: for tonic=clonic seizures it will never be more than 5mins but it could be less, it could be immediate- you must wait the specified time so as to give the seizure time to stop.
<b>How much medication is to be given:</b>
<b>Route of administration:</b>
<b>What to do if the mediation does not work:</b>
<b>How many doses may be given in a 24-hour period?</b>
Signed: _____ Date: _____

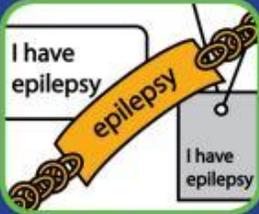
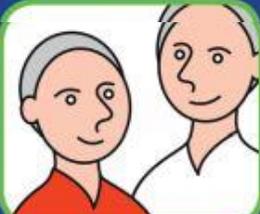
## Appendix 9: First Aid for Epilepsy

Source: Epilepsy Ireland>Epilepsy and Schools>Epilepsy Education Pack

\*This is a sample action plan and it is understood that considerations/circumstances will give rise to changes.

# First Aid For Tonic Clonic Seizures

Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase)

- **1. DO time the seizure**
- **2. DO remove any harmful objects**
- **3. DO cushion the head**
- **4. DO look for Epilepsy I.D.**
- **5. DON'T put anything in the person's mouth**
- **6. DON'T restrain the person or move unless in danger**
- **7. DO turn the person on side (into recovery position) when seizure stops**
- **8. DO stay with the person until the seizure ends and offer assistance**



### When to call an ambulance

- If the seizure is longer than 5 minutes
- If one seizure follows another without stopping
- If you know it is the person's first seizure
- If the person is injured
- If you are in any doubt

**Complex Partial Seizures**  
(Non-convulsive seizures with confusion, wandering, unusual behaviours)

- Stay with the person
- Time the seizure
- Guide away from any danger
- Speak gently and calmly to reassure the person
- DON'T restrain the person unless in danger

**Epilepsy Ireland** 249 Crumlin Road, Dublin 12. Tel: 01 4557500. Fax: 01 4557013 info@epilepsy.ie  
www.epilepsy.ie facebook.com/epilepsy.ie @epilepsyireland

**Appendix 10- Care Plan for Students with special medical needs.**

**IN USE UNTIL APRIL 2021, WHEN THE MANAGEMENT & ADMINISTRATION OF MEDICINES POLICY WAS ADOPTED BY THE BOARD OF MANAGEMENT AND NEW APPENDICES AGREED UPON.**

**Gaelscoil Charraig Uí Leighin  
Care Plan for Students with Additional Health Requirements**

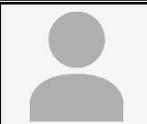
<b>This care plan was last reviewed</b>	<b>by</b>
<b>Student's Name:</b>	
<b>D.O.B:</b>	<b>Age:</b>
<b>Siblings in the school:</b>	
<b>Address:</b>	
<b>Parents/Guardians:</b>	
<b>Phone No.:</b>	
<b>GP:</b>	
<b>Class:</b>	<b>Teacher:</b>
<b>Classroom if Teacher is absent:</b>	
<b>Does student attend SEN teaching?</b>	
<b>Emergency Medication:</b>	
<b>Where is emergency medication stored?</b>	
<b>Any special considerations to be aware of?</b>	
<b>Any other information relating to the student's health condition which may be an issue within school hours.</b>	

**Appendix 11.1 School Register of Students with Special Medical Needs.**

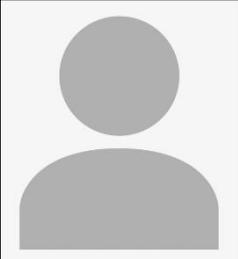
Rolla na Scoile do Dhaltaí le Leigheas

Bliain:XXXXX

**PRÍOBHAIDEACH AGUS FAOI RÚN**

Naíonán Bheaga <u>XMtrX</u>		Ainm (Leigheas)		Ainm (Leigheas)
Naíonán Bheaga <u>XMtrX</u>		Ainm (Leigheas)		
Naíonán Mhora <u>XMtrX</u>		Ainm (Leigheas)		
Rang 1 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 2 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 3 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 4 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 4 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 5 <u>XMtrX</u>		Ainm (Leigheas)		Ainm (Leigheas)
Rang 6 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 6 <u>XMtrX</u>		Ainm (Leigheas)		
Rang 6 <u>XMtrX</u>		Ainm (Leigheas)		

**Appendix 11.2 Individual Poster for Students with Special Medical Needs**

Ainm:	XXXXXXXXXXXXXXXXXXXX	
Rang:	Rang & Múinteoir	
Riachtanais Sláinte:	<u>XXXXXXXX has XXXXXXXXXXX</u>	
Nóta:	----- is stored in the top drawer of the classroom teacher's desk..	
Uimhir Teangmháil:	XXX XXXXXX Parent/Guardian- XXX XXXXXX Parent/Guardian- XXX XXXXXX Other Emergency Contact XXX XXXXXX Other Emergency Contact	

## **Appendix 12: Allianz Schools Insurance: Administration of Medicines: FAQs**

Source: <https://www.allianz.ie/schools-insurance/faqs/administration-medicine/>

### **Is the school covered to administer medicine to pupils?**

Yes, there is cover provided for Administration of medicine under the Custodian School Protection Policy. Cover is provided arising out of or in connection with the:

- (a)** supply and / or administration by qualified nursing staff of drugs injections or medicines as prescribed by a qualified medical practitioner
- (b)** supply and / or administration by a responsible adult of drugs or medicines as prescribed by a qualified medical practitioner
- (c)** supply and / or administration of drugs or medicines which are available without prescription
- (d)** taking of blood samples by qualified nursing staff as prescribed by a qualified medical practitioner

### **Who are responsible for the Schools' Administration of Medicines Policy and what should it include?**

All Schools should have a clear administration of medicine policy which is agreed with relevant parents and staff.

The Board of Management are responsible for devising and implementing the Administration of Medicine Policy.

It is up to each School to set out their own administration of medication procedures, some of which include:

- The Board of Management should be satisfied that appropriate training has been provided, and all parties should be aware of what is expected of them.
- A second staff member should also be trained as back-up in case the original staff member is out sick or unavailable.
- The medicines should be clearly labelled and safely stored (or refrigerated if necessary) in their original container.
- Security and accessibility are equally important when medicines are taken on School trips.
- A written record should be kept of the dates and times of administration and a note of any side effects. Any guidelines as outlined and agreed with the Schools Management Association should be followed.
- The administration of medicine procedure should be agreed with parents of pupils who may require medicine to be administered during Schools hours. Written instruction and consent should be received from the parents.

