



Coláiste Phobal Ros Cré



ADMINISTRATION OF MEDICINES POLICY



Rialtas na hÉireann
Government of Ireland



Có-mhainithe ag an
Aontas Eorpach

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Coláiste Phobal Ros Cré

Administration of Medicines Policy

Mission Statement

Our mission statement is committed to:

- Recognising the worth of the whole
- Educating students in a caring environment
- Promoting our cultural heritage
- Preparing our students for a meaningful and spiritual life
- Contributing to the life of the whole community.

This policy has been prepared with reference to ‘Managing Chronic Health Conditions at school – a resource pack for teachers and parents’ prepared by the Asthma Society of Ireland, Diabetes Federation Ireland, Brainwave the Irish Epilepsy Association and Anaphylaxis Ireland.

Aims

The aims of this policy are:

- To meet the needs of students who require administration of essential medications during the school day, in compliance with legislation and in line with best practice.
- To protect school representatives by ensuring that any involvement in medication administration complies with legislation and best practice guidelines.
- To minimise the health risks to pupils and staff on the school premises
- To fulfil the obligations of the Board of Management in relation to health and safety requirements.
- To provide a framework within which medications may be administered, in cases of emergency, or in cases where a regular administration has been agreed with the parent(s) or guardian(s).

Non-Prescription Medication

Non-prescription medication will not be stored or administered in the school. Students are not permitted to carry non-prescription medication in the school and such medications will be confiscated for secure retention and disposal by parents/guardians who will be contacted.

Prescription Medication

Prescription medication can only be stored/administered in the school following the submission of the written authority of the parents/guardians to the school Principal.

This authority should authorise school representatives and/or Special Needs Assistants to administer the medication and include written confirmation from a medical practitioner that the medication is such that a non-medical person may administer/supervise administration, together with confirmation of the medical dose and circumstances under which it should be given.

Excursions/ Adventure trips

Due to the nature of these trips away from the school and possibly overnight, students with parental consent may carry over the counter medications such as pain relief, anti-histamines etc.

Administration of Medicine

School representatives cannot be required to administer medication; however, they will be requested to volunteer, authorised to administer the medication and provided with training as required, and records of any such training will be maintained by the school.

The school reserves the right, after due consideration, to deem the authority to administer medication to be invalid in circumstances where it is inappropriate.

The authority from parents/guardians requesting administration of medicines must be accompanied by the Authority for Administration of Medication – Information and Consent Form (see Appendix), summarising essential information to inform training of staff and safe administration of the medication.

Parents/guardians will also be asked to provide a signed Indemnity Form (see Appendix).

Where a student may require medication, a minimum of three staff representatives who are willing to administer this will be identified to ensure cover during sick leave, course days, etc. and inform contingency planning.

Parents/guardians will be informed of staff representatives who are authorised to administer medication. Alternative options will be discussed with the student's parents/guardians in circumstances of unavailability.

Supply of Medication

It is the responsibility of the parents/guardians to ensure that an adequate supply of medication is in stock and that it has not passed its expiry date. In the event that medication passes its expiry date without being used, the student's parents/guardians will take responsibility for its safe disposal (usually by returning it to the pharmacy).

Storage of Medication

If it is agreed that the medication can be stored and administered in the school, it will usually be stored in a locked cabinet in the First Aid room. However, where this should pose a hazard (e.g. inhalers or adrenaline auto injector, which may be required urgently), it will be securely stored in a sealed, transparent, unbreakable container labelled with the student's name, expiry date, dosage, circumstances under which it should be administered and consent of the parent/guardian to self-administration as, where possible, medication should be self-administered by the student under adult supervision.

It may be necessary to store medication in a controlled temperature environment of 4°C in a refrigerator. A dedicated refrigerator for this purpose is located in the First Aid room. The refrigerator will be locked so as to avoid interference/tampering with the medication(s).

Changes to Medications

A change in medication and/or dosage will require immediate submission of an updated request form to be submitted as outlined above. All changes should be in writing and accompanied by a new consent form so that a current date is included on file. In either case the Request for Administration of Medication – Information and Consent Form will need to be updated. It is the responsibility of the parents/guardians to ensure that the dosage noted on the container in which their child's medication is stored is also amended.

Records

A written record of all medication administered in the school will be maintained. When medication is administered by school representatives to treat an emergency (e.g. allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/guardians will be notified by telephone. Under certain circumstances, it may be appropriate for an older student to retain medication in their own possession and take responsibility, with the consent of their parent/guardian, for self-medication, and they should engage at all times with the Principal and administrators with regard to any issues identified, failing which, they cannot expect the Authority granted to be of any effect.

The Principal will audit the medication books at least once a year to ensure that the actual administration of medication complies with the information on the Authority for Administration of Medication – Information and Consent Form. Identified discrepancies will be addressed to parents/guardians with whom responsibility for arranging assessment of their clinical relevance (if any) by a physician will rest.

Timeframe for Implementation

This policy will be implemented during the 2024/2025 Academic Year.

Timeframe for Review

Every 2/3 years.

Early review will be undertaken if:

- A clinically significant discrepancy is identified between the medication administered and that authorised on the relevant 'Authority for Administration of Medication – Information and Consent Form'.
- Feedback indicates that any aspect of the policy is causing a student or any other member of the school community undue distress.

Adoption and Communication

The Board of Management adopted this policy at a meeting on _____ and the policy is available on the school website.

Chairperson: _____

Date: _____

Secretary: _____

Authority for Administration of Medication

For the administration of medication to students under 18 years to be signed by a parent/guardian.

Student's name:	
Date of birth:	
Weight:	
Name of medication:	
Dosage:	

Condition for which medication is required:	
Under what circumstances should medication be given to the student at school/college?	
Other medication being taken:	

I consent to the student's self-administration of this medication:	Yes	No
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GP'S Name:	Phone Number:
1 st emergency contact:	Mobile:
2 nd emergency contact:	Mobile:

I authorise administration/supervision of medication by school staff in dosage of to..... the student identified above under the circumstances outlined above.

I understand that information about my child's medical condition and treatment will be shared with school/college representatives and medical personnel as necessary. I also consent to the disclosure of this information to appropriate medical practitioner/s, e.g. in an emergency, and to relevant insurers as required.

Signed: Date:
(Parent's Signature)

Print name:
.....

Signed: Date:
(Student's Signature)

Administration of Medicines in Schools/Colleges – Indemnity Form

THIS INDEMNITY made the _____ day of _____ 20____ BETWEEN

(lawful father and mother/guardians of)

(hereinafter called 'the parent/guardians' of) the
One Part) AND for and on behalf of Colaiste Phobal Roscrea as administrators of Colaiste Phobal
Roscrea situated at Corville Road, Roscrea in the County of Tipperary hereinafter called 'the
Board') of the Other Part.

WHEREAS:

1. The parents/guardians are respectively the lawful father and mother or guardians of
_____ a student of Colaiste Phobal Ros Cré.
2. The student presents on an ongoing basis with the condition known as
_____.
3. The student may, while attending the said educational institution, require in emergency
circumstances the administration of medication, viz _____
_____ <name of condition>.
4. The parents/guardians have authorised administration of the said medication, in
emergency circumstances, by the said school representatives as may from time to time
be available.

NOW IT IS HEREBY AGREED by and between the parents/guardians hereto as follows:

In consideration of the Board entering into the within Agreement, the lawful parents/guardians of the said student HEREBY ACKNOWLEDGE that the Board, its servants and agents including without prejudice to the generality the said Principal/course coordinator, staff, and students of the said school can only endeavour to act in accordance with the extent to which they are informed and AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said Principal, staff, and students of the said school from and against all claims, both present and future, arising from any accidental act or omission arising in the course of the administration or failure to administer the said medicines.

Signed: _____ Student Name: _____

PARENTS SIGNATURE