

# Our Lady of Fatima



## Administration of Medication Policy

When administration of medication is necessary for a student during the school day the following procedure will be used:

- Parents will fill out the form “Administration of Medication” (See Appendix 1).
  - Child’s full name and address.
  - Doctors Name and phone number.
  - The name of the medication to be administered.
  - The exact dosage and time of administration.
  - Signature of parent / guardian
  
- Parents are responsible for the provision of medication and should normally keep account to ensure that medication is available and in date.
  
- Medication shall be kept in a safe place (2 dosages per student on school premises. 1<sup>st</sup> kept in allocated place in staffroom. The 2<sup>nd</sup> kept in classroom itself)
  
- Medication will be administered by School Staff who are willing to do so and have completed yearly updated training. (It is mandatory for Bus Escorts who may have students that require medication).
  
- Prescribed inhalers: available to students to self-administer under supervision of staff.
  
- Epipens: available to students to self-administer under supervision of staff.
  
- Where there are changes in dosage or time of administration, parent / guardian or other person designated by the parent / guardian should write a letter requesting these changes.
  
- Request for administration of medication should be renewed at the beginning of each school year (Appendix 1)
  
- Class list Medication record (Appendix 2) This will be collated by class SNA/s at the beginning of each school year.
  
- A record of administration will be kept on file on Aladdin. SNA to inform teacher on each occasion.

- SNA personnel to oversee First-Aid needs. Training updated every 2 years.
- No drugs to be given to students without prior consent of a parent/guardian.
- Yard times: High- Visibility Jackets provided by the school to be worn by students who require administration of Buccal Midazolam.

**First ratified by the Board of Management on 11<sup>th</sup> March, 2008.**

**Reviewed on 3<sup>rd</sup> May 2016 \_\_\_\_\_.**

**Reviewed on 19<sup>th</sup> January 2022 \_\_\_\_\_ .**

**Reviewed on 27<sup>th</sup> September 2023 \_\_\_\_\_.**



**Signed:**

**Chairperson, B.O.M.**

Appendix 1

## ADMINISTRATION OF MEDICATION

20\_\_\_\_/20\_\_\_\_

Administration of Medication 20__/20__	
<b>Student Name:</b>	
<b>Date of Birth:</b>	
<p><b>Name of Parent/Guardian (BLOCK):</b> _____</p> <p style="text-align: center;"><b>Signature:</b> _____</p> <p style="text-align: center;"><b>Date:</b> _____</p>	
<b>Doctor's Name:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	
<b>Medication to be administered in school</b>	
<b>Exact Dosage</b>	
<b>Expiry Date</b>	
<b>Condition</b>	
<b>Circumstances/times when medication should be administered</b>	
<b>Inhaler: Self-administered under staff supervision</b>	<b>Yes</b> <b>No</b> <b>(PLEASE CIRCLE)</b>
<b>EpiPens: Self-administered by staff</b>	<b>Yes</b> <b>No</b> <b>(PLEASE CIRCLE)</b>

**NOTE: School must be informed of any further change to medication during the school year – contact office/staff 053 9123376/info@ladyoffatimaschool.ie**

