



St. Ailbe's School

ADMINISTRATION OF MEDICINES POLICY

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St. Ailbe's Drug Administration Policy

- No staff member can be required to administer medication to a student. It is a matter of individual choice and judgement. Any staff member who is willing to administer medication should do so under controlled guidelines, fully confident that the administration is safe.
- Unprescribed medicines will not be administered or stored by the school.
- Medication should be self-administered if possible and where possible monitored by an authorised staff member. While encouraging drug self-administration it will depend on the student demonstrating the appropriate developmental, physical and intellectual capacity to self-carry or self-administer the medication.
- Parents/Guardians must complete the Parent Consent Form for the Administration of Medication for each prescribed medication. The form must be signed by the Parents /Guardians, medication cannot be given without the completed consent form.
- Parents /Guardians must bring all medication to the school office. All the medications with the exception of those which require the student to be a self-carrier e.g. inhalers, will be stored in a safe place out of reach of students.
- All medication must be in the original prescription bottle, container or package and issued in small quantities to the school. Directions on the Parent Consent Form for the Administration of Medication must match the directions on the prescription bottle/container/package.
- Medication administered by the designated staff will be documented on the Students Drug Administration Form.
- Parents /Guardians are responsible for replacing expired medication. The school is not responsible for the documentation of medication use or monitoring of expiration date if carried and self-administered by the student.
- The Parent Consent Form for the Administration of Medication is to be completed for inhalers. If an exception is made allowing the student to carry his/her inhaler, written consent from the Parents/Guardians is required.
- The Parents/Guardians must provide a Student Health Care Plan and complete the Parent Consent Form for the Administration of Medication to allow the student to self-administer insulin during school.
- Where a student has a life threatening health condition e.g. diabetes, severe allergies, epilepsy, severe asthma, cardiac conditions, the Parents/Guardians must inform the school by completing the medical section of the school application form prior to attending or promptly on student developing the condition.

- Severe allergies which are potentially life threatening e.g. nut, bee sting, Parents/Guardians must complete the Parent Consent Form for the Administration of Medication for the student to self-administer Epinephrine and to carry an EpiPen at school. If Epinephrine is administered an ambulance paramedic response will be requested and Parents/Guardians will be contacted.
- It is the Parents'/Guardians' responsibility to replace an expired or used Epinephrine injector
- Parents/Guardians are encouraged to provide the school with spare life-saving medication for the student who carries and self-administers emergency medication in the event that the life-saving medication cannot be located when the student is in need of the medication. The school will make provision for safe and immediate access to Emergency medications.
- The provision and disposal of sharps containers will be provided by the Parent/Guardian/Student.
- Medication will be returned to the Parents /Guardians on the last day of school term or disposed of in accordance with safe practice.

St Ailbe's School

(Confidential Information)

Student Health Care Plan

Student Name: _____ DOB: _____ Year: _____

Address _____

Parent/Guardian Name: _____

Phone No: _____ Work Phone: _____

GP Name: _____ Phone No: _____

Address _____

Medication at School: _____

Medication at Home: _____

HEALTH CONCERN

Enter Diagnosis:
Relevant History (associated with diagnosis, treatment, etc.)
Special Instructions/Precautions from parent in dealing with condition
For Office Use:

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Parent Consent Form for the Administration of Medication at School

ONE FORM PER MEDICATION

Student's Name: _____ Date of Birth: _____ Year _____

Diagnosis _____

Parents/Guardian Name: _____ Phone No: _____

Name of Medication: _____ Strength: _____

Dose: _____ Route: _____
(Orally/Injection/Inhalation)

Time to be given: _____

If PRN (as needed), minimum length of time between doses: _____

If approved by Principal, can student self-carry and self-administer medication?

YES: NO:

As the parent/guardian, I **authorise** the school personnel to administer the above medication to the above named student in accordance with the instructions indicated. There exists a valid health reason which makes administration of the medication advisable during school hours.

Medication may be administered by school personnel. Medication must be prescribed and in its original container.

As a parent/guardian, I **give consent** for the above named student to self-carry and administer his/her own medication.

Parent /Guardian Signature: _____ Date: _____