Bord Oideachais & Oiliúna
LUIMNIGH & AN CHLÁIR
LIMERICK & CLARE
Education & Training Board

FEDAMORE CNS

ADMINSTRATION OF MEDICATION POLICY AND ASSOCIATED APPENDICIES

2026-27

Policy Area	Health and Safety
Version	1.0
Date	Created: October 2024
Monitored	Every 3 years
Responsibility	Principal
Approval	Director of Schools / Single Manager
This policy document is an uncontrolled copy. Each staff member should consult StaffCONNECT for the latest version of this document.	

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1. ***Relationship to School's Mission Statement:***
Fedamore Community National School (CNS) is a co-educational, multi denominational national school which is underpinned by the core values of excellence in education, care, equality, community and respect. In Fedamore CNS, we are dedicated to helping each student to achieve their individual potential. The school policies are central to ensuring the provision of quality education in a holistic manner.

This policy is intended for internal use in the school and may be viewed by parents/guardians in the administration office and on the school website. This document will be regularly reviewed. This policy has been devised following consultation with medical professionals, parents, staff and the school's insurance provider. 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 and *'Step by Step Guide to Managing Educational Institution Risk for Students with Medical Conditions or Disabilities'* by IPB Insurance.

2. 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.

3. Medication

3.1 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.

3.2 Prescription medication

Prescription medication can only be stored/administered following the submission of the written authority of the parents/guardians to the school Principal (see Appendix 1). This authority should authorise teachers 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. 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.

4. Medication Application Procedure

4.1 Authority, Information & Consent

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 2), summarising essential information to inform training of school representatives and safe administration of the medication. This form should include the following non-exhaustive list of pertinent information: the student's name, date of birth, weight, name and expiry date of medication, condition for which medication is required, other medication the student takes regularly outside allergies, medication dosage, circumstances under which it should be administered, ability of the student to self-administer the medication, consent of the parent/guardian to self-administration and emergency contact information.

Consent for information concerning the need for medication administration is to be shared with the school authorities, etb insurers and medical practitioners is also included, as disclosure of this information may be of relevance if medical assistance is required for the student.

4.2 Indemnity

Parents/guardians will also be asked to provide a signed Indemnity Form (see Appendix 3). Where a student may require medication, ideally a minimum of **three** school representatives (often but not always including the class teacher) 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 school representatives who are authorised to administer medication. Alternative

options will be discussed with the student's parents/guardians in circumstances of unavailability.

4.3 Storage

If it is authorised and accepted that the medication can be stored and administered in the school, it will usually be stored in a locked press in the school's office. However, where this poses a hazard (e.g. inhalers or adrenaline autoinjector, 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 or authorisation of administration and the means of accessing via the 'unbreakable' container will also be specified.

4.4 Supply

It is the parents/guardians' responsibility to ensure that an adequate supply of medication is in stock and that it has not passed its expiry date. If 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). Out of date medication will be returned to parents and parents signature will be required on the medication return form as confirmation of this (appendix 8).

4.5 Cold Storage

It may be necessary to store medication in a controlled temperature environment of in a refrigerator; therefore, there may be a need to consider how this will be managed, as medications should be stored separately to food and other items. The refrigerator should be locked to avoid interference/tampering with the medication(s). This will be agreed with school management.

4.6 Changes in Medication/Dosage

A change in medication and/or dosage will require immediate submission of an updated request form to be submitted as outlined above (Appendix 1&2&3). All changes should be in writing and accompanied by a new consent form so that a current date is included in the file. In either case, the Request for Administration of Medication - Information and Consent Form must be updated. It is the parents/guardians' responsibility to ensure that the dosage noted on the container where their child's medication is stored is also amended.

4.7 Record-Keeping

A written record of all medication administered in the school will be maintained in school. When medication is administered by staff to treat an emergency (e.g. allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/ guardians will be notified by telephone and the matter will be reported accordingly in the school for possible future reference.

4.8 Self-Administration

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-administration (e.g. an older student who would normally carry and use their own inhaler. Some students at primary level also manage their own condition with the support of parents/guardians/educators/healthcare professionals, etc.). A written authority to the Principal together with the documentation outlined above in respect of provision of consent is still required; however, the school will not maintain a record of medication used in circumstances where it is in the control and possession of the student, as the school representatives will not be involved in respect thereof and cannot account for loss or misuse thereof. When consensual self-administration is routine (e.g., bronchodilator pre-Physical Education (PE} in a student with exercise- induced asthma} and witnessed by a school representative, a note will be placed in the

student's school journal if applicable, with responsibility for monitoring same resting with tie parents/guardians. Prescribed medication will only be administered to the student for whom it has been prescribed, in line with current legislation.

5. Medication Day to Day Procedure

It is the responsibility of the parents/guardians to notify the school with supporting documentation from a physician and give the school all information regarding known triggers and the severity of any allergy and/or conditions including those which may give rise to anaphylaxis. Clear instructions shall be provided by the physician in writing as to how the school should deal with the child presenting with signs and symptoms of any allergic reaction. Parents/Guardians of all children in the school are informed that children in our school may have anaphylaxis and are asked not to include named trigger foods in lunches. Where another child in the class has trigger food in their lunch box, it is removed from it and sent to the office for safe disposal. Children are not to offer or exchange foods, sweets, lunches etc.

All forms and letters concerning administration of medication will be stored in the administrative office. These records are stored in compliance with relevant data protection legislation.

When a letter regarding a change in dosage or an updated appendix is received, this will be placed in the FRONT of the existing Student Support File, to ensure that the updated information is not overlooked. When an updated appendix is received, any previous version will be retained, but will have a line drawn through it, to indicate that it is now superseded. Digital records that are no longer valid will be archived immediately.

When medication is administered a record will be filled out accordingly as detailed above and stored in each pupil's confidential file.

If going off site/leaving the school grounds (e.g., school tour or nature walk) the teacher/SNA who has agreed to administer emergency medication will carry the medication with them. Clear instructions in respect of pupils at risk of anaphylaxis or who may require other emergency medication are to be displayed in the staffroom and the child's classroom.

It is the responsibility of parents/guardians to ensure that teachers are made aware in writing of any medical condition which their child is suffering from which may give rise to an emergency. Teachers/SNAs must be made aware of symptoms to ensure that treatment may be given by appropriate persons.

In the event of a pupil going into anaphylactic shock an ambulance will be called unless stated otherwise in a physician's report and parents notified. The Anapen/Epipen may also be administered to the pupil. Any Anapen/Epipen administered should be handed to the ambulance crew on arrival

In an emergency, qualified medical assistance will be secured at the earliest opportunity and the parents contacted. Teachers/SNAs should do no more than is necessary and appropriate to relieve extreme distress or prevent further or otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity. In circumstances that warrant immediate medical attention, an ambulance may be called to take the child into Accident and Emergency.

The school maintains an up-to-date register of contact details of all parents/guardians including emergency numbers.

6. **Medication School Review**

Arrangements for administration of medication to each student will be reviewed at least annually and the school reserves the right to vary same at its discretion and in the interests of all stakeholders, with notification of any such variation in arrangements to issue forthwith to the parents/guardians.

7. Link to other policies

The Administration of Medication Policy should be read in conjunction with other relevant policies of the school e.g., Health and Safety Policy, Child Protection Policy, etc.

8. Implementation

Parents/guardians are invited to contact the principal immediately if they have any concerns about the implementation of this policy in relation to their child's medication, and they should always engage with the principal regarding any issues identified or failing which, they cannot expect the Authority granted to be of any effect.

The principal will audit the medication books at least once a term 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.

9. Timeframe for Implementation

This Policy will commence in August 2024 before the school opening in September 2024.

10. Success Criteria

The effectiveness of the school policy in its present form is measured by the following criteria:

1. Compliance with Health and Safety legislation.
2. Maintaining a safe and caring environment for child/ren.
3. Positive feedback from parents/teachers/SNAs.
4. Ensuring the primary responsibility for administering remains with parents/guardians

11. Timeframe for Review

This policy will be reviewed annually. 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.

This policy has been ratified by the Chairperson of the BOM at its meeting on …….. .

Signed:

_____

(Chairperson)

_____

(Principal)

Next review date: August 2027

Appendix 1: Physician Information Form

(To be completed by the prescribing physician)

Child's Name:
Address:
Date of birth:

Medical Condition/Diagnosis/Reason for Prescription
Prescription Details, including name and type of medication, dosage, schedule, and symptoms that indicate when the medicine is to be administered
Possible and probable side effects of the medicine/ complications/ allergy/Anaphylaxis?

Information on how medicine is to be stored and steps to be followed before, during and after administration
Any other relevant information including emergency procedures

Physician's Name & Address	Official Stamp

Signed: _____ Date: _____

Appendix 2: AUTHORITY FOR ADMINISTRATION OF MEDICATION - INFORMATION & CONSENT FORM

(To be completed by 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?				
Other medication being taken:				
I consent to the student's self- administration of this medication (tick which applies}:	Yes		No	

GP's Name:	Phone Number:

1st Emergency Contact	Mobile:
2nd Emergency Contact:	Mobile:

I authorise administration/supervision of medication by a school representative of Fedamore CNS in dosage of _____ ,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 representatives and medical personnel as necessary. I also consent to the disclosure of this information to appropriate medical practitioners, e.g., in an emergency, and to relevant insurers as required.

Signature: Parent/ Guardian……

Signature: Parent/ Guardian……

Date……

Appendix 3: Indemnity Form

(To be completed by Parents/Guardians and the Principal)

THIS INDEMNITY made the _____day of_____20

BETWEEN _____

(lawful father and mother/guardians) of _____

(hereinafter called "the parents/guardians" of) the One Part) AND for and
on behalf of LIMERICK AND CLARE EDUCATION AND TRAINING BOARD
as administrators of Fedamore CNS situated at Fedamore, Kilmallock in the county of Limerick
(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 the above educational institution.
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 an emergency circumstance the administration of medication, viz. _____.
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, staff and students of the said school can only endeavor 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/college 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.

On behalf of the Board and school

Signature: Principal……

Date……

On behalf of the Parents/Guardians

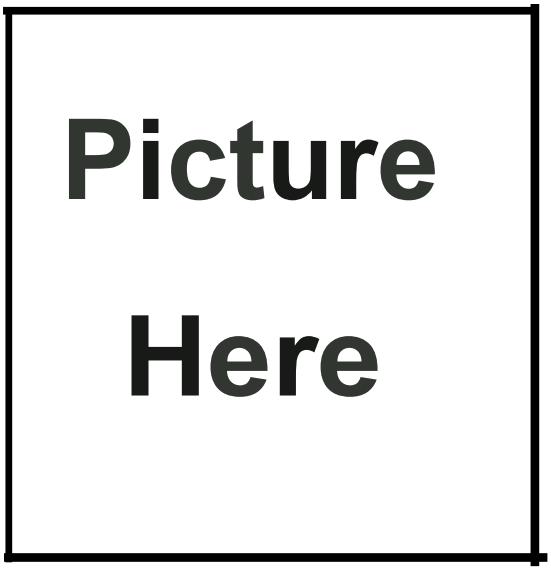
Signature: Parent/ Guardian……

Signature: Parent/ Guardian……
Date……

Appendix 4: EMERGENCY PROCEDURES NOTICE

(to be completed by the student's teacher and displayed in the classroom, staffroom and main office)

In the event of displaying any symptoms of medical difficulty identified below, the following procedures should be followed.



Symptoms:
Procedures: *(to include Dial 112 and call emergency services. Contact Parents/ Guardians/ Emergency Contact).*

SCHOOL EIRCODE V35 KT54

Appendix 5: RECORD OF ADMINISTRATION

(to be completed by the person administering medication and retained in Student File)

Student Name:

Date of Birth:

Date & Time	Name of Medicine	Dosage given	Administered by	Witnessed by

Appendix 6: Record of Staff administering medication

Staff Member	Role	Staff Signature (indicating willingness to administer medication)	Date

Appendix 7: Allergy

The following guidelines are in place regarding students with an allergy:

1. Parents/Guardians inform the school about any allergies their student may have.
2. Strategies to deal with allergies will be decided on a case-to-case basis depending on severity of allergy.
3. Parents/Guardians will be asked for clear instructions in writing as to how the school should deal with the student presenting with signs and symptoms of an allergic reaction. (Appendix 2 and 3)

The following guidelines are in place regarding students with anaphylaxis:

1. Depending on the severity of the allergy, appropriate arrangements will be made. It is the responsibility of the parents/guardians to notify the school in writing and give the school all information regarding known triggers and the severity of the allergy (see appendices).
2. The school canteen and home economics teachers are informed of students in our school have anaphylaxis and are asked not to include named trigger foods in lunches/cookery classes.
3. If going off site/leaving the school grounds (e.g., school tour or nature walk) the teacher/SNA who has agreed to administer the medication will carry the medication with them.
4. In the event of a student going into anaphylactic shock an ambulance will be called. The Anapen/EpiPen may also be administered to the student. Any Anapen/EpiPen administered should be handed to the ambulance crew/paramedic on arrival.

Indicators of shock include:
Symptoms of shock can include:
- Bloating
- Swelling
- Wheezing
- Severe difficulty breathing
- Gastrointestinal symptoms such as abdominal pain, cramps, vomiting and diarrhea.

Appendix 8

School Medication Return Confirmation Form

School Name: _____

Student Name: _____

Class/Year Group: _____

Date of Return: _____

Medication Details:

- Name of Medication: _____

- Dosage: _____

- Reason for Return: ☐ Expired ☐ No longer required ☐ Other: _____

- Expiry Date: _____

Parent/Guardian Declaration:

I confirm that I have received the above medication from the school on the date listed above. I understand that the medication is no longer suitable for use due to expiry or other reasons. I agree to dispose of the medication appropriately and safely, following local pharmacy or health authority guidance.

Parent/Guardian Name: _____

Signature: _____

Date: _____

School Staff Use Only:

Medication returned by (staff name): _____

Signature: _____