Administration of Medication Policy St. Clare's School 2025/2026

ST. CLARE'S SCHOOL

TEACHING, LEARNING & GROWING TOGETHER

Administration of Medication Policy

The aim of this policy is to meet the needs of pupils who may require medication at school due to their medical condition.

This policy will include

1. Administration of Daily Prescribed Medication
2. Administration of Emergency Medication
3. Administration of "As Required Medication"
4. Administration of Short Term Medication

Guidelines:

Medication will be administered by the Nurse. When the Nurse is unavailable medication will be given by a designated person and witnessed by a second person.

Medicines will be stored in a locked cupboard except for emergency seizure medication as this will have to go with the child for activities outside of the school grounds.

Parents will notify the school about any changes to their child's medication.

Parents are responsible for the safe delivery of medicines to school.

All medicines given at school will be recorded in " MEDICAL ADMINISTRATION RECORD" (Appendix A)

Documentation:

1. Administration of Daily Prescribed Medication

"Request to Board of Management of St Clare's School" form to be filled out and signed by the parent (Appendix B) AND

"Long Term Medication "form to be signed by the prescribing doctor and the parent (Appendix C)

2. Administration of Emergency Medication

Refer to pupils Individual Care Plan eg seizure plan

3. Administration of " As Required Medication"

A "General Medical Permission Form"(Appendix D) is filled out by the parent at the time of enrolment where consent is given for their child to receive medication for an elevated temperature

4. Administration of Short Term Medication

In the event of a child needing an antibiotic, cough bottle etc, the parent will be asked to fill out the "Short Term Medication" form (Appendix E")

Appendix A.

ST. CLARE'S SCHOOL

TEACHING LEARNING & GROWING TOGETHER

MEDICAL – ADMINISTRATION RECORD

Child's Name:
D.O.B.:
Medication:
Time to be given:
Signature of (Staff):

Date	Medication	Amount	Time	Signature (Staff)

Gort Road, Ennis, Co. Clare.
Telephone: 065 6821899 | Email: info@stclaresschool.ie
www.stclaresschool.ie

Appendix A
B

ST. CLARE'S SCHOOL

TEACHING, LEARNING
& GROWING TOGETHER

Administration of Medication to Students

Request to Board of Management of St. Clare's School

- I/We the Parents/Guardians of ..... ask the Board of Management of St. Clare's School to allow a member of staff to give medication to my child.

- I enclose -

  A signed Medication Permission Form:- ☐

  and/or

  A signed Seizure Plan:- ☐

- Should there be any change in medication, I/We will notify the School.

- I/We understand that the School's Insurers will be notified of this arrangement.

- I/We indemnify the Board of Management in respect of any liability that may arise regarding the administration of the medication.

Signed: _____ **Signed:** _____

Parent/Guardian Parent/Guardian

Date: _____ **Date:** _____

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Appendix B
C.

ST. CLARE'S SCHOOL

TEACHING, LEARNING
& GROWING TOGETHER

Long Term Medication Permission

Name of Pupil:- _____

Name of Medication:- _____

Why is this Medication required:- _____

What Dose is required:- _____

Time/s to be administered:- _____

Signed by Doctor:- _____ **Date:-** _____

Signed by Parent:- _____ **Date:-** _____

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Appendix D

ST. CLARE'S SCHOOL

TEACHING, LEARNING
& GROWING TOGETHER

General Medical Permission Form

I, **Parents/Guardians** of _____

CONSENT/DO NOT CONSENT to my child:

- Receiving First Aid Care, if necessary: ☐ Yes ☐ No

- Receiving medication for an elevated temperature - (e.g. Calpol/Nurofen/Other): ☐ Yes ☐ No

- In the event that my child needs short term medication, (e.g. Antibiotics/Eye Drops) same to be administered at St. Clare's School, I will sign the Temporary Medication Permission Form: ☐ Yes ☐ No

- Receiving emergency medical treatment to be administered at St. Clare's School when all attempts to contact the Parents/Guardians have been unsuccessful: ☐ Yes ☐ No

Signed Parents/Guardians: _____

Dated: _____

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Appendix E.

ST. CLARE'S SCHOOL

TEACHING, LEARNING
& GROWING TOGETHER

Short Term Medication Permission

Name of Pupil:- _____

Name of Medication:- _____

Why is this Medication required:- _____

Time/s to be administered:- _____

Dose:- _____

Date commenced:- _____

Date completed:- _____

Signed:- _____

Dated:- _____

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www.stclaresschool.ie

Review

This policy as a whole will be reviewed in _____ by teachers, post- holders and BOM.

Ratification and Communication

Following ratification by the Board of Management, a copy of this policy will be available to parents and guardians on the school website.

Signed by:

_____

Chairperson B.O.M

_____

Principal

Date: _____