

**Clonturk**  
Community College  
*Achieving Excellence Together*

## Clonturk Community College



# Policy and Procedure on the Administration of Medicines

Approved by the Board of Management on 12<sup>th</sup> February 2025

Signed: **Audrey Cepeda**  
  
Chairperson

Signed: **Anthony Creevey**  
  
Principal

Date of next review **May 2027**

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**CDET B**  
An Bord Oideachais agus Oiliúnaíochtaí  
City of Dublin Education and Training Board





### INTRODUCTION

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.

### SCOPE

This policy applies to requests from parents/guardians to administer or supervise the administration of routine medication to children suffering from chronic medical conditions as well as the administration of emergency medication e.g. in the case of allergic reactions.

### AIM

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.

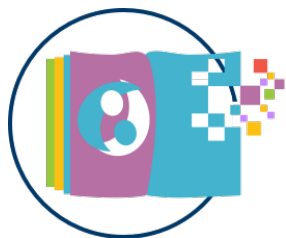
### RATIONALE AND BACKGROUND

Clonturk Community college has a duty to safeguard the health and safety of students while engaged in school activities. The Principal, staff, and students of the said Clonturk Community College (hereinafter defined as ‘school representatives’) are not obliged to personally undertake the administration of medications, however, Garda Vetted school representatives may, upon authorisation by parents/guardians of the student and at their own discretion and on the basis that it is accepted by authorising parents/guardians that they will not be held liable for any accidental act or omission arising in the course of authorised administration, agree to administer certain medicines or procedures.

This will be arranged formally in writing on a case-by-case basis and following the conduct of a risk assessment which will be documented in writing and retained on the student’s file.

It is school policy that students who are acutely ill should not attend classes until the illness has resolved.

In the event of a student becoming acutely ill in the course of a school day, parents/guardians or emergency contacts will be notified to bring them home to recuperate. In emergency situations, qualified medical help will be obtained or the student will be brought to the local



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emergency department at the earliest opportunity, and provision for administration of medication for acute illness in school is not deemed appropriate to this.

In line with the school ethos, students with chronic illnesses are encouraged to engage fully in school activities. Where possible, the family doctor should be asked to prescribe treatments that can be taken outside school hours in order that administration of medication at school is kept to a minimum. When administration of medication is required to facilitate a fully inclusive environment, every effort will be made to accommodate student's needs in line with the provisions below, subject to the school's discretion to vary arrangements as deemed appropriate and in order to act in the interests of all stakeholders.

## **PROCEDURES**

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

This 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 when 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.

The authority from Parents/Guardians requesting administration of medicines must be accompanied by the "Request for Administration of Medication – Information and Consent" form (see appendix 1), 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 child's name, date of birth, weight, name and expiry date of medication, condition for which medication is required, other medication the child takes regularly outside school, allergies, medication dosage, circumstances under which it should be administered, ability of student to self-administer the medication and consent of the parent/guardian to self-administration and emergency contact information.

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



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Parents/Guardians will also be asked to provide a signed indemnity form (see Appendix 2).

Where a student may require medication, ideally a minimum of three school representatives

If it is authorised and accepted that the medication can be stored and administered in school, it will be stored in a secure location, usually in a locked cupboard in the school office, where access can only be obtained by a responsible adult e.g. teacher, SNA, etc.

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 or authorisation of administration and accessible by (means of accessing via 'unbreakable' container to be specified). It may be appropriate for a student to carry emergency medication with the permission of the parent/guardian and Principal.

It is the responsibility of the Parents/Guardians to ensure that an adequate supply of medication is in stock, and 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 to the pharmacy).

A change in medication and/or dosage will require immediate submission of a new updated "Request for Administration of Medication – Information and Consent" form. *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*

A written record of all medication administered in the school will be maintained in the school.

When medication is administered by school representatives to treat an emergency (allergic reaction, asthma attack, seizure, hypoglycaemia, etc.), parents/guardians will be notified by telephone and thereafter in writing.

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 (the student may be encouraged and facilitated in managing 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 is still required, however, the school will not maintain a record of medication use in circumstances where it is in the control and possession of the student as school representatives will have no involvement in respect thereof and cannot account for loss or misuse thereof. When consensual self-administration is routine (e.g. bronchodilator pre-PE in a student with exercise induced asthma) and witnessed by school representatives, a note will be sent home via the school app, with responsibility for monitoring same resting with the Parents'/Guardians'.

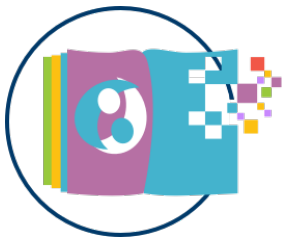
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Prescribed medication will only be administered to the student for whom it has been prescribed, in line with current legislation.

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.

### **RELATIONSHIP TO OTHER SCHOOL POLICIES AND PROCEDURES**

The Administration of Medication Policy should be read in conjunction with other relevant policies e.g. Health and Safety Policy, Child Protection Policy, Special Educational Needs Policy.

### **IMPLEMENTATION**

Detailed information for school representatives to facilitate the safe and effective implementation of this policy is included in Appendix 3.

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 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 term to ensure that the actual administration of medication complies with the information on the "Request 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.



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### 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 “Request 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.
- There is a change in legislation, advice or guidance from the Department of Education and Skills, the Department of Health and Children or other statutory body, Support Agencies / Associations / Societies for sufferers of relevant chronic medical conditions, Insurance Company, professional or legal advice.



**APPENDIX 1**

**Authority for Administration of Medication – Information & Consent**

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?

\_\_\_\_\_

\_\_\_\_\_

Route/method of administration: \_\_\_\_\_

Frequency of medication: \_\_\_\_\_

Specific Storage requirements: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Other medication being taken: \_\_\_\_\_

Any other relevant information(eg when should emergency services be called, is any other action needed by staff in case of emergency etc. :

\_\_\_\_\_

\_\_\_\_\_

I consent to the student's self-administration of this medication YES / NO

GP name: \_\_\_\_\_ Phone no: \_\_\_\_\_

1st Emergency contact: \_\_\_\_\_ Mobile no: \_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_ Mobile no: \_\_\_\_\_

I authorise administration/supervision of administration by school representatives of:

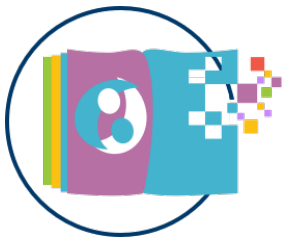
\_\_\_\_\_, in dosage of: \_\_\_\_\_, to

\_\_\_\_\_ the child 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 practitioner/s and relevant insurers as required.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Print name: \_\_\_\_\_



**APPENDIX 2**

**ADMINISTRATION OF MEDICINES IN SCHOOLS – INDEMNITY**

THIS INDEMNITY made the \_\_\_\_\_ day \_\_\_\_\_ month of 20 \_\_\_\_\_

BETWEEN \_\_\_\_\_ (lawful parents /guardian/s) of  
\_\_\_\_\_ (hereinafter called ‘the Parents/Guardians’ of) the One Part

AND for and on behalf of City of Dublin Education and Training Board as administrators of  
\_\_\_\_\_ Clonturk Community College (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 Clonturk Community College.
2. The student presents, on an ongoing basis, with the condition known as:  
\_\_\_\_\_
3. The student may, while attending Clonturk Community College, require in emergency circumstances, 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:

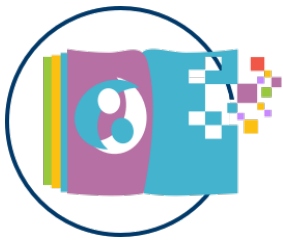
In consideration of the Board entering into the within Agreement, the lawful Parents/Guardians of the said student HEREBY ACKNOWLEDGE that the Board, its servants and agents including without prejudice to the generality the said Principal, staff, and students of Clonturk Community College can only endeavour 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/institute/centre/programme 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: \_\_\_\_\_ Parents/Guardians

Signed: \_\_\_\_\_ School Principal on behalf of Board of Management

Date: \_\_\_\_\_





### APPENDIX 3

#### Administration of Medications – Detailed Information for school representatives

##### General record keeping

- All forms and letters concerning administration of medication will be stored in the Principal’s office, in each student’s confidential file. These records are stored in compliance with relevant data protection legislation.
- When an updated “Request for Administration of Medication – Information and Consent” form is received, this will be stapled to the FRONT of the existing form, to ensure that the updated information is not overlooked and it will be necessary or the dosage container to be updated in accordance with the contents of this communication.
- Any handwritten notes made on a “Request for Administration of Medication – Information and Consent” form to update it in line with written information provided by Parents/Guardians will be initialled and dated and otherwise inadmissible as insufficiently reliable.
- When an updated “Request for Administration of Medication – Information and Consent” form is received, the original will be retained, but will have a line drawn through it, to indicate that it is now superseded and it will have the new one affixed over it.