St. Mary's P.S.
Draperstown

Handling Medicines Policy

Reviewed	**May 2023**
To Be Reviewed	**May 2026**

HANDLING MEDICINES POLICY

We seek at all times to ensure your child's well-being. Therefore, there may be occasions when a child requires medication, which needs to be administered during the school day.

There are two categories to be considered:

1. Children who require emergency medication on a long-term basis because of the chronic nature of their illness e.g. asthma and epilepsy.
2. Children who are suffering from casual ailments e.g. coughs and colds.

RESPONSIBILITY

Parents are responsible for the administration of medicine to their children. If a child needs medicine at lunchtime, they should return home for this, or the parent should come to school to administer the medicine.

Staff may supervise the administration of medication during the school day only if it is necessary e.g. asthma medication.

Staff are not obliged to dispense medicines; any involvement would be purely on a voluntary basis.

PROCEDURES

If a child requires medication, the parents must:

1. Fill out the chronic or short-term medicines form. This can be done on paper or digitally.
2. Bring the medicines to the school in a properly labelled container which states the name of the medicine, the dosage and the time of administration.
3. Demonstrate to staff how to administer the medication.
4. Sign a consent form authorising staff to supervise the administration of medication.

STORAGE OF MEDICINES

Medicines will be stored in a secure place in each classroom or the principal's office in line with Health and Safety regulations.

ADMINISTRATION OF MEDICINES AM2
St. Mary's P.S. Draperstown

Pupil's Name_____ Class_____

Medical Condition _____

Name of condition or illness:_____

Parents must ensure that in date properly labelled medicine is supplied.

Name of medicine_____

Date dispensed:_____ Expiry Date:_____

Full directions for use

Dosage and method_____

Times of administration each day: _____ _____

Self Administration: Yes/No

Duration of course_____

Has your son/daughter taken this medicine before?
Yes / No (please delete)

If yes, have they ever had any allergic reaction to it?
Yes / No (please delete)

Should this medicine be stored in a fridge?
Yes / No (please delete)

I give the appropriate teacher in the school my permission to supervise the administration of the above-named medicine to my son/daughter at the times specified above.

Yes/No

Please ensure that the medicine is clearly labelled with your son/daughter's name, class, name of medicine, dosage and times of administration.

Signed_____(Parent/Guardian) Date _____

GP's name and contact telephone number_____

Please complete contact details on reverse side

ADMINISTRATION OF MEDICINES AM2
St. Mary's P.S. Draperstown

Contact Parent's Details

Name:_____

Daytime Telephone Number:_____

Daytime Address:_____

_____

_____

Second Contact Person's Details

Name:_____

Daytime Telephone Number:_____

Daytime Address:_____

_____

_____

MEDICAL PLAN
St. Mary's P.S. Draperstown

Pupil's name _____Class _____

Date of birth _____

Medical Condition _____

CONTACT INFORMATION

Contact Parent's Details

Name:_____

Daytime Telephone Number:_____

Daytime Address:_____

_____

_____

Second Contact Person's Details

Name:_____

Daytime Telephone Number:_____

Daytime Address:_____

_____

_____

Clinic / Hospital Contact

Name: _____

Phone Number: _____

G.P.

Name: _____

Phone Number: _____

DETAILS OF CONDITION

Describe conditions and give details of pupil's individual symptoms:

Daily care requirements:

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency?

SIGNED:_____Parent/Guardian

_____ Teacher

_____ Principal

_____ Nurse/Doctor