

Form 3 Letter to Parents

Dear Parents / Guardians,

Please find enclosed our policy and protocol for the administration of medication to children during school hours.

As you are aware, we do not have any trained medical personnel on staff. Participating staff have agreed to administer necessary medication to a number of students with the approval of the Board of Management. We are concerned that we have full details of how this should be done.

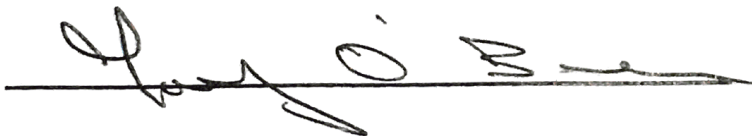
Please have your doctor complete the attached **Form 2** to give us full details of the medication prescribed for your child. It is also necessary to complete Form 2 seeking permission to have the medication administered in school.

It is important to note that:

- Only medication to be inhaled or administered orally will be administered in school (Exception Anapen in case of Anaphalactic shock)
- Any changes in instructions should be notified in writing to the school.
- Parents are asked to ensure the safe delivery of medication to school staff directly. Please do not ask children to carry or deliver medication.
- It is the responsibility of the parents to ensure the continuing supply of in date medication.
- Please check each September that information/medication for your child has been passed on to the new class teacher.

If you have any queries in relation to this matter, please do not hesitate to contact us.

Yours Sincerely



Principal.

Form 1 - Special Medical Needs

Administration of Medication to Students

Request to Board of Management of *St. Colman's National School*

1. I / We, the parents / guardians of request the Board of Management of *St. Colman's National School* to:

(a) authorise the taking of prescription medicine during the school day as it is absolutely necessary for the continued well-being of my/our child

(b) allow a participating staff member to give medication to my/our child in an emergency situation.

Childs Name: _____ Date of Birth: _____

Address: _____

School Year: _____ Class: _____

Teacher: _____

Medical Condition:

Name of Medication:

Storage Details:

Is the child responsible for taking medication him/herself? YES/NO

In the case of emergency, participating members of staff will administrate

Emergency Numbers: Mother: _____

Father: _____

Backup Numbers and names:

2. I enclose a letter from Dr. stating:

- (a) Why the medication is needed
- (b) Name of medication
- (c) Time the medication should be administered
- (d) Dosage to be administered

3. I/We understand that we must inform the school of any changes of medicine /dose in writing.

Should there be any change in medication I/we will write to the Board of Management before this change takes place to notify them of same

4. I/We understand that no school personnel have any medical training and we indemnify school personnel and the Board from any liability that may arise from the administration of medicine.

5. I/We indemnify the Board of Management and school personnel in respect of any liability that may arise regarding the administration of the medicine and will sign Indemnity Form (Appendix 7) upon receipt of same.

Signed: _____ Signed: _____

Parent / Guardian Parent / Guardian Date.....

Form 2

Administration of Medication to Students


Dear Doctor,

The Board of Management of *St. Colman's National School* requests that the information requested below be provided relating to medication which is administered to students during school hours.

The parents /guardians of have been asked to return the information to the school and to advise of any changes to this regime in the future.

Many thanks for your co-operation in this matter.

Yours Sincerely


Principal.

Name of Student:.....

Name of Medication:

Why is this medication required:

.....?

Time medication should be administered:

Dosage to be administered:

Additional Information (e.g. to be taken after meals, etc.)

.....

.....

.....

Signed: Date:

Form 4 Allergy Details
Allergy Details not requiring Medication

Childs Name: _____ Date of Birth: Class: _____

Address: _____

Type of Allergy: _____

Reaction Level: _____

Action to be taken in the event of reaction: _____

Precautions to be taken to help avoid reaction: _____

Signed: _____ Date: _____

Form 5 ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY FORM

THIS INDEMNITY made the _____ day of 20 __

BETWEEN _____ (lawful father and mother)

of _____

and for and on behalf of the Board of Management of St. Colman's National School, Cloyne, Co. Cork.

WHEREAS:

1. The parents are respectively the lawful father and mother of

_____, a pupil of the above school

2. The pupil suffers on an ongoing basis from the condition known as

3. The pupil may, while attending the said school, require, in emergency circumstances, the administration of medication

4. The parents have agreed that the said medication may, in emergency circumstances, be administered by the said pupil's classroom teacher and/or such other member of staff of the said school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

a) In consideration of the Board entering into the within Agreement, the parents, as the lawful father and mother respectively of the said pupil HEREBY AGREE to indemnify and keep indemnified the board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of the said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents in the presence of:

SIGNED AND SEALED by the said in the presence of:
