



Scoil Nioclás Naofa  
DUNMÓR

## ADMINISTRATION OF MEDICATION TO A STUDENT

### Request to the Board of Management of Scoil Nicolás Naofa (Dunmore NS)

*It is the policy of Scoil Nioclás Naofa that:*

School staff will not administer medication of any kind to a pupil under normal circumstances, and will only administer basic first aid in the case of an accident.

In cases where the life of the child is deemed to be under threat, medication will be administered to keep the child alive until professional medical care arrives.

In the case of Anaphylactic shock, the medicine in the form of an Ana pen injection will be administered as it is a life-threatening situation.

Parents are required to apply in writing to the Board of Management if a child requires medicine during school.

If permission is granted by the Board of Management, the prescription drugs will be stored securely in the Principal's office/Staff room.

Parents will be responsible for the supply of this medicine.

The school will require clear written instructions as to its administration which will be done by the school principal.

All changes in dosage, frequency etc, must be received in writing from the parents.

A written record will be kept of all procedures.

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I/We, the parents/guardians of ..... Ask the Board of Management of Dunmore NS to allow the principal to give medication to my child .....

I/We 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

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 the same.

I/We understand that the school's insurer 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: .....  
*Parent/Guardian*

Signed: .....  
*Parent/Guardian*

Date: .....

Date: .....

**For Office use:**

Received by: .....

Date: