

**Administration of Medicines Policy**

**2015+**

**Board of Management Scoil Bhríde Nurney**

**2015+**



**Scoil Bhríde**

**Administration of Medicines Policy**

This policy is formulated in accordance with guidelines issued by the (Primary Schools’ Managerial Bodies) and the Irish National Teachers’ Organisation.

**Introduction:**

While the Board of Management has a duty to safeguard the health and safety of pupils when they are engaged in authorised school activities, this does not imply a duty upon teachers to personally undertake the administration of medication.

The Board of Management requests parents to ensure that staff members are made aware in writing of any medical condition suffered by their child. This information should be provided at enrolment or at the development of any medical conditions at a later date.

Medication in this policy refers to medicines, tablets and sprays administered by mouth only.

The Epipen is to be administered as per instructions should the need arise.

**Rationale:**

The policy as outlined was put in place to;

* Clarify areas of responsibility
* To give clear guidance about situations where it is not appropriate to administer medicines
* To indicate the limitations to any requirements which may be notified to teachers and school staff
* To outline procedures to deal with children with allergies in our school
* To safeguard school staff that are willing to administer medication
* To protect against possible litigation.

**Relationship to School Ethos:**

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure and caring school environment and the furthering of positive home-school links.

**Aims of this Policy:**

The aims and objectives of the policy can be summarised as follows;

* Minimise health risks to children and staff on the school premises
* Fulfill the duty of the BoM in relation to Health and Safety requirements
* Provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians

**In –School Procedures:**

* Parents are required to complete a Health/Medication form when enrolling their child/children in the school *(as part of Enrolment Form)*
* No teacher is obliged to administer medicine or drugs to a pupil and any teacher willing to do so works under the controlled guidelines outlined below.
* Prescribed medicines will only be administered after parents of the pupil concerned have written to the BoM requesting the Board to authorise a member of the teaching staff to do so. Under no circumstance will non-prescribed medicines be either stored or administered in the school. The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines.
* The school generally advocates the self-administration (e.g. inhalers) of medicine under the supervision of a responsible adult, exercising the standard of care of a prudent parent. No medicines are stored on the school premises, with the exception of that held for emergency situations.
* Teachers have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere.
* The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any child in their class.
* This does not imply a duty upon teachers personally to undertake the administration of medicines or drugs.

**Long Term Health Problems**

Where there are children with long-term health problems in school, proper and clearly understood arrangements for the administration of medicines must be made with the Board of Management. This is the responsibility of the parents/guardians. It would include measures such as self-administration, administration under parental supervision or administration by school staff.

**Life Threatening Condition/Emergencies**

* Where children are suffering from life threatening conditions, written details are required from the parents/guardians outlining the child’s personal details, name of medication, prescribed dosage, whether the child is capable of self-administration and the circumstances under which the medication is to be given. *(As in attached Appendices)*
* If emergency medication may be necessary, arrangements must be made with the Board of Management.
* A letter of indemnity must be signed by the parents in respect of any liability that may arise regarding the administration of medicines.
* In the event of an emergency, teachers should do no more than is necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.
* Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, designated staff members may take a child into Accident & Emergency without delay. Parents will be contacted simultaneously.
* In addition, parents must ensure that teachers are made aware in writing of any medical condition which their child is suffering from. For example children who are epileptics, diabetics etc. may have a seizure at any time and teachers must be made aware of symptoms in order to ensure that treatment may be given by appropriate persons.
* The school maintains an up to date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year.

**The following guidelines are in place with regard to pupils with a Nut Allergy *(Appendix 4, 5)***

1. Advise children not to offer or exchange foods, sweets, lunches etc.

2. If going off-site, medication must be carried.

**In the event the pupil comes in contact with peanuts:**

**(PLEASE REFER TO THE RELEVANT EMERGENCY PLAN(S) – SEE APPENDIX 5)**

**\*\*\*IF IN DOUBT GIVE INJECTION\*\*\***

**Other Allergies:** Document when informed of same, and treat as per instruction. *(As in attached appendices and specific and relevant health plans outlined in “Managing Chronic Health Conditions At School” published by Dept Ed – Available in MEDICAL TRAY in Principal’s Office)*

**Policy Content**

**Guidelines for the Administration of Medicines**

1. The parents of the pupil with special medical needs must inform the Board of Management in writing of the condition, giving all the necessary details of the condition. The request must also contain written instruction of the procedure to be followed in administering the medication. (Appendix 1, 2)
2. Parents must write requesting the Board of Management to authorise the administration of the medication in school or to monitor self-administration of the medication.
3. Parents are required to provide written instructions of the procedure to be followed in the administration and storing of the medication. (Appendix 1 Form 2)
4. Where specific authorisation has been given by the Board of Management for the administration of medicine, parents will be informed of the Board’s decision and asked to sign an Indemnity form. (Appendix 7) Parents are responsible for ensuring that (a) the medication is delivered to the school in a suitable and health condition informative container with a sealable lid, (b) handed over to a responsible adult (c) an adequate supply is available, and (d) supplies are replenished when necessary
5. Parents are responsible for the collection and replenishment of containers and supplies.
6. A written record of the date and time of administration must be kept by the person administering it. (Appendix 3)
7. Changes in prescribed medication (or dosage) should be notified immediately to the school with clear written instructions of the procedure to be followed in storing and administering the new medication.
8. Where children are suffering from life threatening conditions, parents should outline clearly in writing, what should and what should not be done in a particular emergency situation, with particular reference to what may be a risk to the child.
9. Parents are further required to indemnify the Board of Management and members of the staff in respect of any liability that may arise regarding the administration of prescribed medicines in school. The BoM must inform the school’s insurers accordingly.
10. Parents are required to provide a telephone number where they may be contacted in the event of an emergency arising.
11. All correspondence related to the above are kept in the school.

**Medicines**

* Non-prescribed medicines will neither be stored nor administered to pupils in school.
* Teachers/SNAs in the school will only administer prescribed medication when arrangements have been put in place as outlined above.
* Arrangements for the storage of certain emergency medicines, which must be readily accessible at all times, must be made with the Principal.
* A teacher/SNA must not administer any medication without the specific authorisation of the Board of Management.
* The prescribed medicine must be self-administered if possible, under the supervision of an authorised Teacher/SNA if not the parent.
* No teacher/SNA can be required to administer medicine.
* If at all possible parents should arrange for the administration of prescribed medicine outside of school hours.

**Sun Protection Cream:**

1. **In line with TUSLA guidelines on formulating an ‘administration of medicines’ policy, Sun Protection Cream is considered a medical application**
2. It is a parent’s responsibility to apply sun protection cream to their children before being left in our care.
3. Parents should ensure that the factor level of the sun protection cream is adequate for their child and that it is suitable for any allergies that their child may have. For this reason, Scoil Bhríde Nurney does not hold any ‘house’ sun protection cream and will not apply any other child’s sun protection cream.
4. In accordance with safeguarding practice, and when children require assistance with the actual application of the cream, in line with Scoil Bhríde’s administration of medicines policy BOM approved staff will:

* Instruct children how to apply the cream themselves
* Then, (if necessary) apply ‘dots’ of their cream and encourage the child to rub the cream in
* Then (if necessary) rub the cream in for the child ensuring the minimum contact for an effective application.

**Guidelines for the Board of Management:**

1. The Board, having considered the matter, may authorise a staff member to administer medication to a pupil or to monitor the self-administration by a pupil.
2. The Board will ensure that the authorised person is properly instructed in how to administer the medicine.
3. The Board shall seek an indemnity from parents in respect of liability that may arise regarding the administration of the medicine.
4. The Board shall inform the school insurers accordingly.
5. The Board shall make arrangements for the safe storage of medication and procedures for the administration of medication in the event of the authorised staff member’s absence.

**Guidelines for Staff Members:**

* No staff member can be required to administer medication to a pupil.
* Any staff member who is willing to administer medicines should do so under strictly controlled guidelines in the belief that the administration is safe.
* Written instructions on the administration of the medication must be provided.
* Medication must not be administered without the specific authorisation of the Board of Management.
* In administering medication to pupils, staff members will exercise the standard of care of a reasonable and prudent parent.
* A written record of the date and time of administration will be kept. (Appendix 3)
* In emergency situations, staff should do no more that is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

**Ratification of Administration of Medicines Policy**

This policy was adopted by the Board of Management on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson of Board of Management Principal

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

Date of next review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Appendix 1 - Form 1***

**Administration of Medication to Students**

**Request to Board of Management of *Scoil Bhríde, Nurney*:**

1. I / We, the parents / guardians of ……………………………………………………….. request the Board of Management of Scoil Bhríde, Nurney to:
2. authorise the taking of prescription medicine during the school day as it is absolutely necessary for the continued well-being of my/our child
3. allow a member of staff 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 during school, who would you like to administer the medication?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Numbers: Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

1. I/we understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amount must be brought in daily. Medicine that is to be used in an emergency will be stored in the school.
2. 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
3. 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.
4. 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, Date:\_\_\_\_\_\_\_\_\_ Parent / Guardian, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***Appendix 1 - Form 2***

**Administration of Medication to Students**

Dear Doctor,

The Board of Management of *Scoil Bhríde, Nurney* 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/When medication should be administered: ……………………………………………………………

Dosage to be administered: …………………………………………………………………………..

Storage details and information: …………………………………………………………………………..

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

-------------------------------------------------------------------------------------------------------

Signed: …………………………… Date: ………………

***Appendix 2 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. Our Special Needs Assistants and teachers have agreed to administer necessary medication to a number of students with the approval of the Board of Management.

Please have your doctor complete the attached **Appendix 1 – Form 1** to give us full details of the medication prescribed for your child. It is also necessary to complete **Appendix 1 – 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 Epipen in case of Anaphylactic 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.**

***Appendix 3 Medication Chart Record***

Medication Chart for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Drug** | **Dosage** | **Time** | **Signed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 4 Nut Allergy Letter Parents**

**Re: Nut Allergy**

Dear Parents,

It has come to our attention that a child(ren) in our school has (have) a severe allergic reaction to peanuts/nuts. This allergic reaction (anaphylactic shock) can occur through ingestion of peanut/nut products, cross contamination and breathing peanuts in the air.

Since this condition can be life threatening, we are asking for your help in minimising the risk to this/these children by:

1. Avoiding giving children peanuts in school lunches
2. Avoiding giving peanut butter sandwiches, other spreads containing nuts such as Nutella and snacks/bars containing nuts or labelled “may contain nut traces” in school lunches.
3. Asking children ***not*** to share their lunches.

Due to the severity of the problem, it is important that all parents carry out the suggested measures and reduce the risk of allergic reaction to this/these child(ren).

We thank you for your co-operation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal.**

**Appendix 5 SAMPLE NUT ALLERGY PLAN:**

**NUT ALLERGY PLAN**

**Re: Nut allergy at high reaction level**

**ATTENTION OF ALL SCHOOL STAFF**

**Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTION:**

1. Advise children not to offer exchange or accept foods, sweets, lunches, treats etc.
2. Only treats agreed between parent and teacher to be given to child.
3. **\*\*\*IF GOING OFF SITE, MEDICATION MUST BE CARRIED TOGETHER WITH A MOBILE PHONE FOR EMERGENCY CALL, SHOULD THE NEED ARISE\*\*\***

**Re: Nut Allergy at mild/moderate reaction level**

**Refer to child’s emergency container!!!!**

1. Administer 5mls. Zirtec or other antihistamine immediately.
2. It is important that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be kept calm to allow him/her to breathe calmly as he/she will experience discomfort and sensation in his/her throat swelling. If possible, he/she needs to drink as much water as possible. These steps should allow the child to recover fully.
3. Only in the event of anaphylactic shock should be pen be administered, however,

**IF IN DOUBT ADMINISTER THE EPIPEN!!!**

1. Before or immediately after the epipen has been administered an ambulance must be called, please also refer to the appropriate emergency plan.

**DOCTOR: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER EMERGENCY PHONE CONTACTS & PHONE NUMBERS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 7 ADMINISTRATION OF MEDICINES IN SCHOOLS INDEMNITY FORM**

THIS INDEMNITY made the \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(lawful father and mother) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter called “the parents”) of the One Part AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of the Board of Management of Scoil Bhríde, Nurney (hereinafter called “the Board”) of the Other Part.

WHEREAS:

1. The parents are respectively the lawful father and mother of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a pupil of the above school.
2. The pupil suffers on an on-going basis from the condition known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The pupil may, while attending the said school, require, in emergency circumstances, the administration of medication (name and describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
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 members 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:

* 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 the Board of Management and school personnel in respect of any liability that may arise regarding the administration of the medicine 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Board of Management representative signs here)*

SIGNED AND SEALED by the said in the presence of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Parent(s)/Guardian(s) sign here)*

Dear Parents

**Re your request for the Administration of Medicine** to your child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has agreed to do so and the Board of Management of Scoil Bhríde Nurney hereby grant him/her permission to administer said medication. School personnel have no medical training and in order to indemnify school personnel and the Board from any liability that may arise from the administration of medicine, we ask you to please sign the attached *Indemnity Form* and return same to school.

Go raibh maith agat

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal.