



Policy on Administration of Medication

Policy Statement

Grace Park Montessori Pre-School is committed to ensuring the health, safety and well-being of all who attend the service. Procedures and practices are in place to ensure that we provide a safe and caring place for children, staff, parents and other stakeholders.

Principle

This policy is underwritten by the *Child Care Act 1991 (Early Years Services) Regulations 2016* and the *Health, Safety and Welfare at Work Act, 2005*.

Rationale

Currently, there are no children on a medication that requires to be administered during school hours and, consequently, no medications are administered during school hours.

If a child requires medication on an ongoing basis, Grace Park Montessori must be apprised of this fact at the beginning of the school year and the consent of parents to the administration thereof must be furnished, in writing, at that point. Before any medication is administered, parents are contacted in order to obtain their express consent.

Emergencies

In exceptional emergency circumstances, where there is an immediate risk to a child, such as, a risk of febrile convulsions or the sudden onset of a high temperature and where a parent or guardian cannot be contacted, then the recommended dose of Calpol or Neurofen (for children) may be administered by the most senior member of staff. A cold pack may also be administered, if necessary. The child will be cooled down and parents will be contacted immediately. Emergency numbers for ambulance, parents, doctors and hospitals are all retained on file. Where medicine has been administered to a child, the parents are informed of this and their acknowledgement of same is obtained, in writing.

Record Form

If medication is administered, then the form at the end of this Policy is completed. It contains the following information:

The child's name, the date and time when medication was administered, the name of the medication given, two staff signatories and the signature of the parent or guardian.

Medications that may be administered

- Calpol
- Nurofen (for children)
- An Epi-pen or an inhaler and
- Any other prescribed medication, if required and authorized, to be taken during school hours.

Emergency Medications

Calpol, Inhaler, Epi-pen

Parental Consent

Parental consent is obtained, in writing, at the beginning of the school year. Verbal consent is obtained prior to the administration of required medication. Verbal consent is obtained, where possible, prior to the administration of emergency medication. Written acknowledgement is obtained in all circumstances following the administration of any medication.

Person responsible for the administration of medication:

Ms Jozefa Chrobak, Directress

Cross-checking

The following information is cross-checked for correctness by the non-administering teacher. The correct name child, the correct name of the medication, the correct dose administered, the correct time of administration and the correct means of administration.

Person responsible for checking and countersigning:

Ms Kate Walsh, Teacher

Medical history of child

A medical history of each child is obtained at the beginning of each year. Parents are obliged to update it, if required.

Storage of medication and labeling

Medications are stored and labelled in accordance with instructions on packaging. They are kept out of reach of children. They are stored in a fridge, where required.

Sunscreen

Parents are responsible for putting on sunscreen and hats (save in emergency situations).

Allergies

Parents are required to provide the pre-school with a list of all known allergies which a child may have.

First Aid

The school has First Aid Kit on the premises and staff are trained in basic First Aid for minor cuts, bumps and bangs. In the case of a critical illness or injury, a parent will be contacted as quickly as possible and, if necessary, the child will be taken to

Signed by: *Jozefa Chrobak*

Directress

Reviewed on:	14 January 2023
Reviewed on:	
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Reviewed on:	
Reviewed on:	

Grace Park Montessori Pre-School

Medication Administration Form

Child's Name: _____

Date administered: _____

Time administered: _____

Medication administered: _____

Signatory 1: _____

Signatory 2: _____

Parental Signature: _____