



Scoil Chéile Chríost Rathmore NS

Rathmore, Naas, Co. Kildare. W91 VK46

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Web: www.rathmorens.ie

Principal: Ms. Lucy Travers

Deputy Principal: Ms. Caitríona Lancaster

Medical Policy

This School Medical Policy is established to ensure the ongoing Medical Welfare of each child whilst attending the school and the development of strategies employed in the event of emergencies and accidents.

Data:

Medical Data on each Pupil:

A medical information form is completed by parents/guardians on admission of each child to the school. . (Copy enclosed). Any information contained therein is strictly confidential and for school use only. This form also contains emergency contact numbers for parents/guardians. **It is vital that these numbers are also available in the child's school diary and parents/guardians and emergency contact details are kept up to date. Changes to a pupil's contact details can be updated by parents/guardians through the Aladdin Connect App.**

In the event of a child suffering from any form of allergy or from an illness requiring administration of medicines, **A Medication Administration Consent and Indemnity Form** must be fully completed and signed by parents/guardians. (Copy enclosed) **Parents/guardians are made aware of the importance of informing the school of such conditions in the interests of their child's medical welfare. The school must be kept informed of any changes/updates to a child's medical condition at the earliest opportunity by the child's parents/guardians.**

Infectious Diseases

In the event of outbreaks of infectious illnesses e.g. measles, chicken pox, scabies etc. it is requested that parents inform the school immediately on receipt of a diagnosis and withhold the child's attendance at school until at least the contagious stage of the illness has passed. The school follows the recommendations set out in the "*Infection in Schools*" Handbook.

Administration of Medicines

Prescribed medications such as Inhalers, Diabetic Gels, Epipens, etc are clearly labelled with the pupil's name and kept in a locked Medical Cabinet centrally located in the school. The school Principal, Ms. Travers and all teachers and staff **have full access to this Medical Cabinet at all times.** In addition, some Diabetic Medication requiring refrigeration is kept in a designated fridge in the staff room - clearly marked and identifiable.

A montage of photographs and the names of pupils suffering from Diabetes, Epilepsy, and severe/acute allergic reactions is brought to the attention of all teachers/staff at the beginning of each school year and is displayed in all rooms in the school (with parental permission) to enable teachers/school staff to familiarise themselves with these children both by name and by sight, to identify them in case of emergencies - as these conditions can become life threatening very quickly and a rapid response is vital.

Procedures

School Yard.

Basic First Aid requirements including ice packs are placed in the covered area at the side door to the yard. A bench is also supplied for seating. These are available to all teachers/special needs assistants on yard duty. It enables them to administer basic First Aid in the event of minor injuries suffered by children in the playground.

In the event of a more serious injury the child is taken inside for closer monitoring. Parents are contacted and informed if their child requires to be brought home/further medical attention/assessment. If there is a major medical incident e.g. coma, serious blood loss, seizures etc. parents and emergency services are contacted simultaneously following school procedures.

During games, sports, swimming etc., organised by the school, at least one teacher is always present with several other adults who have been garda-vetted. A well-equipped First Aid bag is available at all times. Access to outside communication by phone is always provided.

Recording

Accounts of accidents and injuries (other than very minor ones) are recorded in the Accident Report Book. Details of place, time, witnesses, extent of injuries and action taken are recorded and signed, these are held in school storage until the child is 21 years of age.

List of Equipment

- **Defibrillator located in Secretary's Office to which all staff have access.**
- A large well equipped **First Aid Kit** for everyday use is maintained within the school. Some of the most commonly used items are kept in smaller kits around the school/classrooms.
- **Ice packs** are stored in a cool box during school hours for ready accessibility.
- A fully equipped First Aid bag for mobility use - football matches, swimming, school tours etc.
- All teachers are advised to use latex gloves at all times when dealing with injuries but particularly with blood loss.

This policy was ratified by the Board of Management on 20/6/2023 (Date)

Signed by: _____

Chairperson, Board of Management.

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Medical Form

Dear Parents,

We would appreciate if you could fill in and return this form to the school as soon as possible. This information is requested purely in order to enable the safest and speediest response to your child's needs in case of accident or emergency in the school. It is imperative that you re-notify the school of any emerging medical conditions, allergies, change of telephone/contact numbers etc during the course of the school year. Background information ensures the safety and wellbeing of your child.

Childs Name:

Childs PPS No:

Parents Name(s): Mum:

Dad:

Address:

Home Telephone No:

Work Telephone No: Mum:

Dad:

Mobile Telephone No: Mum:

Dad:

Childminders Name & Telephone Numbers:

Home:

Mobile:

Person to contact in case of an emergency:

Name:

Contact No:

Mobile No:

Q1: Does your child suffer from any Medical Condition:

Q2: Does your child suffer from any allergy to medication, first aid items or environmental factors:

Q3: Any other relevant Medical Information that you wish to include?

Signature of Parent(s)

Mother's signature:

Fathers signature:

Date:

Date:

NOTE: If your child's condition involves the Administration of medicine please request and sign a Medical Consent and Indemnity Form.

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Medication Consent Form

Childs Name:	
Address:	
Parents Name(s): Mum:	Dad:
Home Phone No:	
Mums Mobile:	Mums Work No:
Dads Mobile:	Dads Work No:
Child-minder's Name:	
Home No:	Mobile No:
What is the precise name of your child's medication:	
What is your child's current dosage of medication:	
Details if any of limitation to its use:	
To be signed by both parents:	
Mother:	Father:
Date:	