



MINISTERO DELL'ISTRUZIONE, E DEL MERITO  
UFFICIO SCOLASTICO REGIONALE PER IL LAZIO ISTITUTO  
COMPRENSIVO  
Via Padre Semeria, 28 - 00154 ROMA - Distretto 19°  
C.F. 97712930581- CODICE MECCANOGRAFICO RMIC8FD00V Tel.  
065123167 – Fax 0696524499  
rmic8fd00v@istruzione.it

**Subject: Administration of "life-saving" medications and medical emergencies.**

Regarding the administration of so-called "life-saving" medications, regulated by the MIUR Circular dated 25/11/2005 and Law no. 104/92, this must be formally requested by the parents to the school institution. The school then authorizes the administration upon presentation of a medical certificate issued by the SSN - ASL (National Health Service / Local Health Authority), accompanied by a specific prescription for the medications to be taken, detailing storage instructions, methods and timing of administration, and dosage.

In the event that a "life-saving" medication must be administered, please note that:

- **Medical knowledge:** The administration does not require specialized medical knowledge (which would otherwise be provided by specialized healthcare personnel from the Emergency Room).
- **Liability exemption:** School staff members who volunteer to administer the medication in case of need are exempt from any civil and criminal liability arising from the administration, provided it is carried out in accordance with the procedures prescribed by the treating physician and indicated in the instructions attached to the medication.
- **Urgency:** The administration of the medication cannot be delayed, as failure to act within a few minutes could result in the death of the minor. In such a scenario, anyone present could be charged with failure to assist (omission of rescue).

Please note that no other medications, including generic ones, can be administered unless accompanied by the documentation described above (parental request, medical prescription, and authorization from the School Principal). However, in case of necessity or frequent administrations, the documentation may be submitted by the parent at the beginning of the school year and will remain valid for the entire school year.

Please remember that in the event of an emergency, particularly if the injured person is a minor and it is not possible to assess the severity of the case, it is mandatory to alert the National Health Service via the single emergency number: **MEDICAL EMERGENCY -> 112 or 118**

Please remember that while waiting for emergency services, which will be carried out solely by medical or paramedical personnel, the injured person must never be moved or displaced.

IL DIRIGENTE SCOLASTICO  
Dott.ssa Manuela Manferlotti  
Firma autografa sostituita a mezzo  
stampa ai sensi dell'art.3 comma 2 del D.lgs.n.  
39/1993

Enclosures: request forms and declarations



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## ACTION PLAN FOR THE ADMINISTRATION OF LIFE-SAVING MEDICATION

To the Teaching Staff

To the Administrative, Technical, and Auxiliary Staff (ATA)

**Subject: Authorization of the action plan for the administration of life-saving medication**

to the student ..... attending class .....  
school

.....  
Following the request submitted to the school administration office  
by Mr./Ms.

..... for  
their son/daughter

.....  
regarding the administration of life-saving medication,

the School Principal authorizes the administration of the medication in case of need  
according to the following action plan:

- **Daily delivery:** Upon entering the school each morning, the student will deliver to the front desk/reception staff an intact package of the medication ..... to be administered in case of need, as per the medical prescription already delivered to the administrative office and attached hereto in copy.
- **Daily collection:** The student will collect the package delivered in the morning when leaving school.
- **Storage:** The medication will be kept in a safe place away from students, but easily accessible to the staff who will carry out the administration in case of the necessity prescribed by the attached medical prescription.
- **Designated staff:** The medication will be administered to the student by:  
.....  
.....

Place and Date ..... on .....

Acknowledged and availability confirmed by:

## REQUEST FOR THE ADMINISTRATION OF MEDICATION

(To be completed by the student's parents and submitted to the School Principal)



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The undersigned

.....  
parents of  
..... born in ..... on .....  
residing in  
..... at (street/address)  
..... attending class ..... of the School  
..... located in  
..... at (street/address)  
.....

As the minor suffers from ..... and having established the  
absolute necessity, hereby request the administration within the school premises and during  
school hours of the life-saving medication ..... in case of need, as per the  
attached medical authorization issued on ..... by Dr.  
.....

Aware that this operation will be carried out by non-medical personnel, the undersigned  
hereby release said personnel from any civil and criminal liability arising from such  
intervention.

The undersigned consent to the processing of personal data pursuant to Legislative Decree  
196/03 (sensitive data includes data suitable for disclosing an individual's health status).

Place and Date ..... on .....

Signature of parents or legal guardians:

.....  
.....

Useful telephone numbers:

Family pediatrician / primary care physician: .....

Parents: .....



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