

## **MEDICATION POLICY**

### **Rationale**

Teachers and schools are often asked by parents to administer medication for their children while at school. It is important that such requests are managed in a manner that is appropriate, ensures the safety of students, and fulfils the duty of care of staff.

### **Guidelines**

To ensure the medications are administered appropriately to students in our care.

### **Implementation**

- Children who are unwell should not attend school.
- A designated staff member will be responsible for administering prescribed medications to children. These staff members endeavour to administer medications at your request.
- If a parent can administer medication outside school hours it would be appreciated.
- Non-prescribed oral medications (e.g.: head-ache tablets) will not be administered by school staff without written parental consent. Such medication must be supplied by the parent in the original packaging.
- All parent requests for a designated staff member to administer prescribed medications to their child must be in writing on the form provided and must be supported by specific written instruction from the medical practitioner or pharmacist's including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).
- All verbal requests for children to be administered prescribed medications whilst at school must be directed to the Principal, or a designated staff member, who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities.
- Requests for prescribed medications to be administered by the school 'as needed' will necessitate the Principal to seek further written clarification from the parents.
- All prescribed student medications must be in the original containers, must be labelled, must have the quantity of tablets confirmed and documented, and must be stored in either the locked office first aid cabinet or office refrigerator, whichever is most appropriate.
- Consistent with our Asthma policy, students who provide the Principal with written parent permission supported by approval of the principal may carry an asthma inhaler with them.
- Classroom teachers will be informed of prescribed medications for students in their charge, students will be required to visit the school office and receive their prescribed medications from the designated staff member.
- All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential, official, loose-leaf medication's register located in the sick bay.
- Students involved in school camps or excursions will be discreetly administered prescribed medications by the 'Teacher in Charge' in a manner consistent with the above procedures, with all details recorded on loose-leaf pages from the official medications register. Completed pages will be returned to the official medications register on return of the excursion to school.
- Parents/carers of students that may require injections are required to meet with the Principal to discuss the matter.

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<b>Evaluation</b>	<i>To be reviewed as part of the Education Sub Committee three yearly major policy review cycle</i>
<b>Date Ratified</b>	June 2018
<b>Next review date</b>	June 2022
<b>Related Policies</b>	First Aid Anaphylaxis Asthma
<b>Related Documents</b>	Medication Request Form

## MEDICATION REQUEST FORM

**TODAY DATE:**

**PARENT/GUARDIAN NAME:**

**ADDRESS:**

**TELEPHONE:**  
(Business Hours)

Dear Principal,

I request that my Child's name \_\_\_\_\_  
from Class \_\_\_\_\_ Teacher's name \_\_\_\_\_ be administered  
the following medication whilst at school, as prescribed by the child's medical practitioner.

**NAME OF MEDICATION:**

**DATES TO BE GIVEN:**

**TIME/S TO BE GIVEN:**

**DOSAGE AMOUNT:**

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincerely,

\_\_\_\_\_  
Parent / Guardian's name

\_\_\_\_\_  
Signed