

## 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.

### Aims:

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

### Implementation:

- Children who are unwell should not attend school.
- An Administration staff member will be identified as the staff member responsible for administering prescribed medications to children.
- Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff.
- All parent requests to administer prescribed medications to a 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 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 the locked office first aid cabinet.
- Students who provide the School Principal with written parent permission may carry an asthma inhaler with them.
- Classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications.
- 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 medications register located in the school office.
- 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. The teacher in Charge is to take a copy from the official medications register with them in the camp/excursion.

### Evaluation:

- This policy will be reviewed annually.

This policy ratified by the Management Team in  
Reviewed by staff (no changes)  
Ratified by Board of Directors

March 2006  
March 2008  
March 2015

**MEDICATION REQUEST FORM:**

DATE:

PARENT's NAME:

ADDRESS:

TELEPHONE:

(Business Hours)

To the School Principal,

I request that my child \_\_\_\_\_ be administered the following medication whilst at school, as prescribed by the child's medical practitioner. I attach specific written instructions from the medical practitioner or pharmacist including the name of the medication, the name of the student, the dosage and the times and dates to be administered (The original medications bottle or container may provide this information)

NAME OF MEDICATION PROVIDED:

QUANTITY OF MEDICATION/TABLETS PROVIDED:

Signed:

Signed:

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(Parent/Guardian Signature)

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(School Principal or delegate)