

Policy Name:	Administration of Medication
Date Adopted:	6 th June 2016
Review Date:	6 th June 2019
Referred Documents:	

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.
- The designated First Aid Officer will be the staff member responsible for administering prescribed medications to children.
- All parent requests for the First Aid Officer to administer prescribed medications to their child must be in writing **and must be** supported by specific written instruction from the medical practitioner or pharmacist including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information). If no note is supplied office staff will contact the parent regarding administration of the medication. If parents are unable to be contacted or do not authorise administration the child will not be given medication. Following verbal permission, parents must send written permission.
- Requests for prescribed medications to be administered by the school 'as needed' will cause the First Aid Officer to seek further written clarification from the parents.
- All student medications must be labelled, must have the quantity of tablets/liquids confirmed and documented, and must be stored in a locked cupboard in the first aid office or refrigerator, whichever is most appropriate.
- Refer to Asthma Policy regarding medication.
- Classroom teachers will be informed by the First Aid Officer of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the First Aid room and receive their medications from the First Aid Officer.
- All completed Medication Authority Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential register located in the school office by the First Aid Officer.
- 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 for the official medications register. Camp or excursion medications records will be returned to the official medications register on return to school.

Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.



Medication Authority Form for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCI):

<http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: WEDGE PARK PRIMARY SCHOOL

Student's Name: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____ Review date for this form: _____

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication Required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/topical/injection)	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

Medication Storage

Please indicate if there are specific storage instructions for the medication:

Medication Delivered to the School

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form.

Self-Management of Medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

Monitoring Effects of Medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<u>Authorisation:</u>
Name of Medical/Health Practitioner:
Professional Role:
Signature: Date:
Contact details:
Name of Parent/Carer or Adult/Mature Minor**:
Signature: Date:

If additional advice is required, please attach it to this form

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).