



# DOREEN PRIMARY SCHOOL 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.
- There is a Medications folder with directions for procedures in each classrooms RED BOX. Staff will follow these directions.

**• All medications are to be delivered straight to the office with authority completed by parent/carer. The medication will be stored in the kitchen and the authority sent on to the classroom by the office.**

1. Complete Medication Administration Log  
(using information from Authority Form completed by parent/carer)  
(spare Medication Administration Logs and Authority Forms are in red folder)
2. Place completed Medication Administration Log and Authority form in red folder
3. Send child to office (with red folder) when medication needs to be administered  
Child will return to class with red folder which will have been signed by staff

\*label on Medication folder in RED BOX.

- All parent requests for the school 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, 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 cause the the Principal to seek further written clarification from the parents.
- 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 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 by the Principal of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications from the Assistant Principal.
- 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 by the Assistant Principal in the presence of, and confirmed by, a second staff member.
- 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.

**Evaluation:**

- This policy will be reviewed as part of the school's Four-year review cycle. Last ratified June 2018.

**Ratified by School Council June 28<sup>th</sup>, 2018.**

# DOREEN PRIMARY SCHOOL

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

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

### Medication required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	Instructions	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

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

### Medication delivered to the school – Teacher to check off

Please ensure that medication delivered to the school:

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

### Authorisation:

Name of Parent/Carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**Parent/Carer to complete & send to office with medication:**

Student Name:	Name of Medication:	Time/s to be taken
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