

# MEDICATION

## POLICY

### Rationale:

- Teachers are occasionally 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 that medications are administered appropriately to students in our care.

### Implementation:

- Children who are unwell should not attend school.
- Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff without parent authorisation.
- All parent requests 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 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.
- All student medications must be labelled, must have the quantity of tablets confirmed and documented, and must be stored in a locked cabinet.
- Consistent with our Asthma policy, students who provide written parent permission supported by approval of the Principal may carry an asthma inhaler with them.
- Classroom teachers will oversee the administering of medication as prescribed and sign the relevant school documentation.
- 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.
- Parents/carers of students who 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 three-year review cycle.

This policy was last ratified by School Council in....

**July 2016**

# MEDICATION REQUEST FORM

**DATE:**

**PARENT's NAME:**

**ADDRESS:**

**TELEPHONE:**  
(Business Hours)

Dear Principal,

I request that my child \_\_\_\_\_ be administered the following medication  
(Child's Name )  
whilst at school, as prescribed by the child's medical practitioner.

**NAME of MEDICATION:**

**DOSAGE (AMOUNT):**

**TIME:**

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

Yours sincerely

\_\_\_\_\_  
(Parent Signature)