



Exford Primary School

MEDICATIONS POLICY (2016)

PREPARED BY:	Lisa Campo
APPROVED BY COUNCIL:	18 May 2016
REVIEWED:	May 2019

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, and ensures the safety and privacy of all students and staff, and fulfils the legal duty of care of staff.

GUIDELINES:

1. Children who are unwell should not attend school.
2. If a child becomes unwell at school the parent/carer will be contacted to collect their child.
3. The School will not administer or supply analgesics (pain relievers) unless directed by parents as part of an agreed medical management plan.
4. All parent requests for the administration of prescribed medications to their child must be in writing on the form provided (*see appendix A*) 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).
5. It is the parents' responsibility to ensure all medications supplied to school are 'in date'.
6. Requests for prescribed medications to be administered by the school 'as needed' will cause the Principal to seek further written clarification from the parent/carer and doctor.
7. All student medications must be in the original containers or dosette box, clearly labelled and be stored in either the first aid cabinet/refrigerator, whichever is most appropriate.
8. Consistent with our Asthma policy, parents will be required to complete an Asthma Management Plan and have it endorsed by their doctor. These students may provide an asthma inhaler, labelled with their names to the school which will be stored in the First Aid room.
9. Teachers will release students at prescribed times so that they may visit the school Office and receive their medications from the Principal or designated officer.
10. 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 Medications Register' located in the school's Office.
11. Parents/carers of students that may require injections or suppositories are required to meet with the principal to discuss the matter, to determine an appropriate medical management plan.

EVALUATION:

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

MEDICATION REQUEST FORM

DATE:

CHILD'S NAME:

PARENT'S / CARER'S NAME:

ADDRESS:

TELEPHONE:

(Business Hours)

(Other contact number)

Dear Principal,

I request that my child _____(Child's Name) be administered the following medication 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 and or medical practitioner.

Yours sincerely,

_____(Parent / Carer Signature)

Attach documentation from medical practitioner if appropriate