Medications 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.

Policy Statement

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

Implementation

This policy should be clearly communicated and available to all parents/guardians.

Non prescribed medication such as headache tablets will not be administered by staff unless there is a written letter of consent or verbal consent of parents.

All parent requests for staff to administer prescribed medications to their child 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). These requests will be kept and recorded in confidential official medical administration log located in the school office.

All student medications must be in the original containers, be labelled, have the quantity of medication confirmed and documented, and must be stored in either the locked first aid cabinet or refrigerator in the sick bay, whichever is most appropriate.

Classroom teachers must send the medications to the office.

Classroom teachers will be informed of prescribed medications for students in their charge, and they will release students at prescribed times so that they may visit the school office and receive their medications from the person responsible for administration of medications on that day (A team of staff members will share this responsibility and will be trained accordingly).

The first aid co-ordinator will be responsible for ensuring that first aid cabinets and kits are maintained and fully stocked and anaphylactic and asthma plans are up to date.

The camp/excursion leader will designate a participating staff member to collect, store and administer the medication in a manner consistent with the above procedures, with all details recorded on loose leaf paper which are then given to office staff for the Medical Administrations Log.

Review As part of school’s cyclic process
Medication Authorisation Form

Date ____________________

Child Name ________________________________ Year ______________

Parent/Guardians Name ________________________________

Contact Number ________________________________________

I give permission for the school to

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Name of Medication ________________________________

When to give Medication ______________________________

How much to give _________________________________

Parent / Guardians signature ____________________________
**CROYDON HILLS PRIMARY SCHOOL**

**Medication Administration Log**

Name of student:________________________________________________________________
Year level:______________________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Name of Medication</th>
<th>Tick When Checked (√)</th>
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**Record for cross-checking:** It is recognised that in many specialist school settings medication is administered using a system of two staff members checking the information noted on this log. This is an appropriate added safety measure and seen as good practice.

Name of Medication:  
Prescribed Dose: