



St Kevin's

Medication Policy

Rationale:

Teachers and schools are often asked by parents to administer medication for their children while at school. It is important that 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.
- Administration staff is to be responsible for supervising the self-administering (where possible) of prescribed medications by children in the presence of, and confirmed by, a second staff member.
- Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff.
- All parent requests for the administering of 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 medication bottle/container or dosette containers must be provided). These details will be entered into the school's **Medication Register**.
- All verbal requests for children to be administered prescribed medications whilst at school must be directed to the Principal/Deputy 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 Principal/Deputy Principal to seek the Doctor's written directive.
- All student medications must be in the original containers (dosette containers are preferred), be labelled, have the quantity of tablets confirmed and documented, and be stored in either the locked first aid cabinet or first aid refrigerator, whichever is most appropriate.
- Consistent with our Asthma policy, students who provide the school with an Asthma medication form may carry an asthma inhaler with them.
- Classroom teachers will be informed by the Principal/Deputy Principal of prescribed medications for students in their charge, via the tear off slip on the **Medication Request Form**, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medication.
- All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept in a confidential official loose-leaf "**Medication Request**" folder located in the Office.

- 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 medication 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 annually with the School’s First Aid Policy.

Reviewed by SDC: Nov 17	Reviewed by Staff: July 2018	Ratified by Ed Board: July 2018	Next review: July 2019
-------------------------------	------------------------------------	---------------------------------------	---------------------------

MEDICATION REQUEST FORM

DATE/S TO BE ADMINISTERED: (Inclusive)

PARENT's NAME:

ADDRESS:

TELEPHONE:
(Business Hours)

Dear Principal/Deputy Principal,

I request that my child _____ be supervised self-administering the following medication whilst at school, as prescribed by the child's medical practitioner.
(Child's Name)

NAME of MEDICATION:

DOSAGE (AMOUNT):

Name of Doctor: _____ **Telephone**

No. _____

TIME:

I have sent the medication in the original (or dosette) container displaying the instructions provided by the pharmacist.

Yours sincerely

(Parent Signature)

(Date)

FOR THE CLASSROOM TEACHER

NAME OF STUDENT: _____

NAME OF TEACHER: _____

TIME TO COME TO OFFICE TO TAKE MEDICATION: _____