



DISTRIBUTION OF 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 for staff.

Any distribution of medication needs to be approved using a **Medication Request Form** and entered onto a **Medication Administration Log**. This applies regardless of whether students are at school, on camp, on excursion or in the school's care at any given time. It is the responsibility of parents or carers to ensure that these forms are completed (especially prior to Camps or Excursions) as **NO MEDICATION WILL BE ADMINISTERED WITHOUT THEM**.

Aims:

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

Implementation:

1. The administering of prescribed medications (and analgesics such as Panadol) will be the responsibility of the Principal & Classroom Teacher.
2. All parent requests for staff 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).
3. 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.
4. Written or verbal approval from parents must be obtained prior to administering analgesics.
5. 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.
6. Requests for prescribed medications to be administered by the school 'as needed' will cause the Principal to seek further written clarification from the parents.
7. Consistent with our Asthma Policy, students who provide written parent permission supported by approval of the Principal may carry an asthma inhaler with them.
8. Classroom teachers will be informed via the medication form of prescribed medications for students in their charge, and other staff (Teachers/ES/Business Manager) will witness and assist classroom teachers to administer the correct medications at the correct time.

9. 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 office.
10. 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 pages from the official Medications Register. Completed pages will be returned to the official medications register on return of the excursion to school.
11. Parents/carers of students that may require injections are required to meet with the principal to discuss the matter prior to any such procedures occurring.
12. The Medication Request Form will be updated regularly.
13. A photocopy of the Medication Request Form will be sent to the classroom teacher to be used in conjunction with the Medications Register.

Evaluation:

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

Certification:

This policy was adopted at the School Council meeting held at Congupna Primary School on the 5th day of December, 2017.

Signed.....

Signed

School Council President

Principal



MEDICATION REQUEST FORM

STUDENT NAME:

GRADE:

PARENT NAME:

ADDRESS:

TELEPHONE:

DATE:

(Business Hours)

Dear Principal,

I request that my child _____ 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.

Yours sincerely

(Parent Signature)

Copy has been sent to Classroom Teacher? (Tick)



Medication Administration Log

This log has been developed to assist school staff when administering medication to a student. This should only be done after written approval has been submitted by the Parent on an approved Medication Request Form. This log should be completed by the person administering the taking of medication.

Name of student: _____ Year level: _____

Date	Time	Family Name <i>(please print)</i>		First Name <i>(please print)</i>				Comments	Staff Initial
				Tick When Checked (✓)		Right Child	Right Medication		

Record for cross-checking: Medication should be administered by two staff members and recorded on this log when possible. This is an appropriate added safety measure and is seen as good practice.