MEDICATION

BELL PRIMARY SCHOOL POLICY

**Rationale:**

1. 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.

 **Aims:**

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

**Implementation:**

* Children who are unwell should not attend school.
1. Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff unless it is forms part of a medical action plan.
2. All parent requests for the staff of the school to administer prescribed medications to their child must be in writing on the form provided and must include the name of the student, dosage and time to be administered.
3. Staff at the school will not administer the first dose of a new medication in case of allergic reaction.
4. All student medications must be in the original containers (or the original container must have been sighted by the designated medication officer for the school), within its expiry date and must be labelled with student’s name.
5. All medication must be delivered to the central office for safe storage in the secure office area.
6. All medication must be administered by the medication officers and both officers are required to sign that the correct dosage was taken in the medication register.
7. The administration of medications to students involved in school camps or excursions is covered by separate guidelines
8. Parents/carers of students that may require injections are required to meet with the principal to discuss the formation of an action plan and appropriate training for the staff involved.

**Evaluation:**

To be reviewed as part of the school’s three year review process or more often if necessary due to changes in regulations or circumstances.

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| **Date Implemented** |  |
| **Author** |  |
| **Approved By** | School Council |
| **Approval Authority (Signature & Date)** |  |
| **Date Reviewed** | March,2014 |
| **Responsible for Review** | Assistant Principal |
| **Review Date** | March, 2017 |
| **References** | <http://www.education.vic.gov.au/school/principals/spag/health/pages/medication.aspx> |

### MEDICATION REQUEST FORM

 / / to / /

**DATE:**

**PARENT’s NAME:**

**ADDRESS:**

**TELEPHONE:**

 **(Busniness Hours)**

Dear Principal,

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be administered the

 ( Child’s Name)

following medication whilst at school, as prescribed by the child’s medical practitioner.

**NAME of MEDICATION:**

**DOSAGE (AMOUNT):**

**TIME/S:**

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

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent Signature)