



## 5.10 Administration of Medication procedure

### Guidelines

1. No medication will be administered to a child without parental/ caregiver consent.
2. Office staff will administer prescription medication provided there is a written permission slip from the
3. parents/caregivers and it is agreed to by the principal. – Forms available at the office.
4. Medication to be administered during the day will be held in a locked area of the school office. Staff administering medication will keep a record of the child's name, the drug administered, the date, time and staff signature.
5. Teachers may not administer medicines or non-prescription drugs sent to school.
6. A designated person will take responsibility on school camps for administering medicines.
7. Long-term use of medication will require written notification annually and a plan developed between parents/caregivers and the Public Health Nurse.
8. Children will not hold medicine in class with the exception of asthma inhalers.
9. The office will hold any Epipens for students with allergies.

# Appendix 1: Parent request for school to administer medicine

1. I / we request that, \_\_\_\_\_ (student's name, ) Room \_\_\_\_\_ of \_\_\_\_\_ (address) be given medication at Parnell District School.

2. I / we accept that the school does not have a trained medical officer to administer medications.

4. I / we also accept that the school cannot guarantee that the medication will be given at a precise time or by the same person, although every endeavour will be made to do so.

5. I / we will notify the school about any changes to dose and frequency and recommended time when medication is to be given and fill out a new request form

6. I / we understand that full consultation may be necessary between ourselves, a medical practitioner and the principal when the medicine is either a restricted or controlled drug within the meaning of the Medicines Act 1983. A medical certificate may be required before administration.

7. I/We understand the 1st dose of any medication to be received by the student must not be administered by the school.

Name of Medication: .....

Reason for Medication: .....(optional)

Dosage and time to be given at school: .....

Expiry Date of Medication: ..... (on container)

Date Medication to Cease: .....

Special Storage Requirements: .....

Known Side Effects i.e. allergies: .....

Name and Phone No of GP or Specialist: .....

Parents/caregivers or Guardians Phone number during school hours: .....

After Hours: ..... Emergency Contact Number: .....

Relationship to Child: .....

Signed: .....

