



MEDICINE MANAGEMENT

RATIONALE

- Teachers and schools are on occasion, asked by parents to administer medication to 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

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

IMPLEMENTATION

- Children who are unwell should not attend school.
- Children should not be self medicating at school except for students who have an Asthma Management Plan or a specific medical plan developed by a GP in consultation with the Principal.
- The first dose of a medication should be administered at home in case of an allergic reaction.
- The Principal or nominees are to be the staff members responsible for administering prescribed medications to children.
- Non-prescribed oral medications (eg: head-ache and pain relief tablets) will not be administered by school staff as First Aid. Such medications can be administered as part of a Medical Management Plan.
- Requests for prescribed medications to be administered by the school 'as needed' will cause the Principal to seek further written clarification from the parents.
- All parent requests for the nominated 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).
- 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.
- Medications will be administered according to the directions on the original packaging.
- Consistent with our Asthma policy, students who provide the Principal with written parent permission may carry an asthma inhaler with them.
- Consistent with our Anaphylaxis policy, relevant students are required to have an Anaphylaxis Management Plan and need to carry the appropriate treatment at all times.
- Classroom teachers will be informed by the Principal of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications from the Principal or nominated staff members.
- 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 official loose-leaf medications register located in the school office by the Principal in the presence of, and confirmed by, a second staff member.
- 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.
- Parents of students with ongoing medical conditions requiring medication will meet with the Principal to develop an Individual Medical Management Plan.
- Pain relief medications such as Panadol and ibuprofen are only administered as part of a Pain Management Plan developed by a doctor.
- Students involved in school camps or excursions will be discreetly administered prescribed medications by the 'Teacher in Charge of First Aid' 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 medications 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 specific needs of the student.
- This policy complements the Tarwin Valley Primary School First Aid policy

EVALUATION

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



MEDICATION REQUEST FORM

DATE:

PARENT'S NAME:

ADDRESS:

TELEPHONE:

(Business Hours)

Dear Principal,

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

NAME of MEDICATION:

Non-prescribed oral medications (eg: head-ache and pain relief tablets) will not be administered

DOSAGE (AMOUNT):

TIME/S of MEDICATION:

I have sent the medication in the original container displaying the doctor's instructions.

Yours sincerely

(Parent Signature)

(Date)

Approved by the _____

(Principal's Signature)

(Date)