St Joseph’s Coraki

Medication Policy

RATIONALE
Whilst we will do as much as we can to ease a child’s suffering, our facilities for caring for the sick are minimal. The following guidelines and procedures are to ensure the safety and health of all children, as well as security of prescribed medications. This Policy provides directions for the administration of medication to students enrolled at St Joseph’s Primary School.

POLICY
St Joseph’s Catholic Primary School staff will ensure that prescribed medication is administered in a manner that protects and assists both staff and children. All staff and families must adhere to the following procedures. To meet our obligations this school is committed to:

- Providing practical support for the parents/caregivers of students who require medication during school activities
- Maximising the participation in school activities of students who require medication during school activities
- Optimising the health, safety and wellbeing of students

CONSEQUENCES
The effective implementation of this policy and its associated guidelines will ensure that:

- Parental written consent and requests will be obtained on all occasions
- The request will be recently dated up to 14 days (unless it is a long-term regular medication e.g. Ritalin)
- A separate consent for every medication will be obtained

RESPONSIBILITY
The Principal, will nominate two staff members to be responsible for administration of medication.

These staff members are: The Teacher Assistant, The School Secretary

Place of administration will be the Sick Bay

Medication must be available whenever required whether on the school grounds or excursions, sports days or camps

Auto Injectors are administered by all teachers. Teachers receive professional development each year.

ADMINISTRATION
All staff administering prescription drugs in school require the completion of the St John’s Ambulance Senior First Aid Certificate.

At least one staff member accompanying excursions must have completed this Inservice

Parents need to supply appropriate equipment for administration, such as medication measures

Administration must be strictly adhered to, as per instructions on packaging and request form

If there is a discrepancy in administration details, contact with parent/guardian will need to be attended prior to administration to rectify instructions.

Designated staff members must always check dosage, name and expiry date on medication packaging
**RECORDS**

Documentation of administration details in medication register at time of administration must occur

The Medication register will be kept by the School Secretary

**STORAGE**

Medications must be supplied in their original container, cleared marked with students name, drug name, dosage, frequency of administration and prescribing doctor’s name

Individual student medications will be kept in a over-head cupboard in the Sick Bay Room

**Responsibilities of Parents**

Administration of medication to students is a serious issue and it is important to follow the guidelines accurately. They are quite specific in order to protect all parties concerned when administering medication to children.

(a) When medication is prescribed by a medical practitioner and is required to be administered to students at school or on school related activities, a parent/legal guardian MUST complete a Long or Short Term Form (available from the office) to the school principal. This note must go through and via the classroom teacher.

(b) When a medical practitioner prescribes medication, the pharmacist at the medical practitioner's direction must write dosage instructions on the container. Instructions should include dosage and specific times for administration.

(c) Parents are required to provide written instructions from a medical practitioner for medication that is not obtained on prescription e.g. Asthma Plan, Anaphylaxis Plan. This must include: name of student, condition for which medication is required and guidelines for administration.

**Responsibilities of School**

(a) Inform the school community of school procedures for the administration of medication and the management of health conditions eg Parent Handbook, Newsletters

(b) Provide information and training for staff on the administration of medication for health conditions about which parents have notified the school

(c) The principal appoints the relevant staff member to give medication to the students provided the request is reasonable and in writing (Teacher Assistant & School Secretary).

(d) Medication MUST be administered from the original pharmaceutical container.

(e) Medications will not be administered to students without this information.

(f) Non-prescribed medications (such as Panadol, etc) will not be administered by teachers on/or other persons on the school staff at any time to any enrolled student.

(g) Medication, which is administered by the school, is secured in the school office (Sick Bay Room).

<table>
<thead>
<tr>
<th>Year Adopted:</th>
<th>2013</th>
<th>Year to be revised:</th>
<th>2014</th>
<th>As required</th>
<th>Area:</th>
<th>W H &amp; S</th>
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# Request For Administration Of Medication

## LONG TERM FORM

### TO BE COMPLETED BY PARENT / GUARDIAN

<table>
<thead>
<tr>
<th>Surname of Student</th>
<th>Christian Names</th>
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<table>
<thead>
<tr>
<th>Home Address</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Name of Prescribing Doctor</th>
<th>Phone number of Prescribing Doctor</th>
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<th>Address of Prescribing Doctor</th>
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### MEDICAL CONDITION(S) OF THE CHILD REQUIRING REGULAR TREATMENT

### MEDICATION DETAILS FOR ADMINISTRATION DURING SCHOOL HOURS

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DOSE</th>
<th>TIME/S OF ADMINISTRATION</th>
<th>SPECIAL INSTRUCTIONS</th>
<th>SELF-ADMIN (YES / NO)</th>
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### RECOMMENDED RESTRICTIONS ON PARTICIPATION IN SCHOOL ACTIVITIES

### ADDITIONAL COMMENTS

(e.g. Procedure in crisis situation)

### PARENTAL PERMISSION

I, _________________________________________, as the Parent / Guardian of the above named student request administration of medication supplied (including necessary equipment such as medication cup) as per the above directions. I also give permission for a School representative to contact the Prescribing Doctor if confirmation or information about this is required.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the school of any changes involving the administration of the medicine. I agree to indemnify St Joseph’s Catholic Primary School and related parties on the terms of the attached Deed of Indemnity.

<table>
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<tr>
<th>Parent / Guardian Signature:</th>
<th>Date:</th>
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St Joseph’s Catholic Primary School

Deed of Indemnity

In consideration of the members of staff of:

ST JOSEPH’S CATHOLIC PRIMARY SCHOOL, CORAKI

At my request administering medication to my son/daughter:

Full Name of Student:

I hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents, and St Joseph’s Catholic Primary School and its employees and agents, including the Teacher Assistant and School Secretary of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said: ________________________________

Parent/Guardian

In the presence of:

________________________________________

Signature of Witness

________________________________________

Name of Witness (please print)
St Joseph’s Catholic Primary School

Short Term Medication Form

I request that my son/daughter be administered medication as follows:

Child’s Name: _________________________________ Class: _______________________

Time of medication to be administered: _______ am _______ pm

Medication: ____________________________________ _________________________________

Reason for Medication

Dates: From __________________________ to ___________________________

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<thead>
<tr>
<th>Days Required</th>
<th>Medication Name</th>
<th>Dosage</th>
<th>Administered By</th>
<th>Witnessed by</th>
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<td>Friday</td>
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All medications MUST BE in original pharmaceutical container.

Possible side effects or special instructions:

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I/we hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents, and St Joseph’s Catholic Primary School and its employees and agents, including the School Secretary of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed: ………………………………….  Print Name: …………………………………..

Parent/Guardian

Signed: …………………………………..

Principal