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 of staff.

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

Implementation:
• Children who are unwell should not attend school.
• Schools should obtain written advice on a Medication Authority Form (see attachment) for all medication to be administered by the school. The form should be completed by the student’s medical/health practitioner ensuring that the medication is warranted. However if this advice cannot be provided the principal may agree that the form can be completed by parents/guardians or adult/independent students.

Note: Medication to treat asthma or anaphylaxis does not need to be accompanied by the Medication Authority Form as it is covered in student’s health plan.

• A medication log or an equivalent official medications register should be used by the person administering the taking of medicine.
• The Administration Manager has agreed to be the staff member responsible for administering prescribed medications to children.
• The MASK coordinator has agreed to administer prescribed medications and first aid as required to children.
• Non-prescribed medications (eg: head-ache tablets) will not be administered by school staff, the Administration Manager or the MASK coordinator.
• All parent requests for the Administration Manager 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 & Administration Manager, who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities.
• Requests for prescribed medications to be administered by the school ‘as needed’ will cause the Principal and Administration Manager to seek further written clarification from the parents.
• 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 office first aid cabinet or office refrigerator, whichever is most appropriate.
• Consistent with our Asthma policy, students who provide the Administration Manager with written parent permission supported by approval of the Principal may carry an asthma inhaler with them.
• Classroom teachers & Principal will be informed by the Administration Manager 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 Administration Manager.

- 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 Administration Manager in the presence of, and confirmed by, a second staff member.

- 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 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 matter.

*Administration Manager = Michelle McCormick

**After School Care Program National Law and Regulations:**

**Medical Conditions**  
National Law: Section 173  National Regulations: Regulations 90-91

**Administration of Medication**  

**Evaluation:**  
This policy will be reviewed as part of the school’s three-year review cycle.

This Policy was last ratified by School Council in …… August 2014

MEDICATION REQUEST FORM

DATE: 

PARENT’s NAME: 

ADDRESS: 

TELEPHONE: 
(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/S of MEDICATION: 

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

Yours sincerely

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(Parent Signature)