



St Francis of Assisi
PARISH PRIMARY SCHOOL

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.
- Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff.
- Requests for prescribed medications to be administered by the school 'as needed' will cause the Deputy Principal to seek further written clarification from the parents.
- Consistent with our Asthma policy, students who provide the Deputy Principal with written parent permission supported by approval of the Principal may carry an asthma inhaler with them.
- Classroom teachers will be informed by the parents of the 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 Office.
- 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.
- 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 in a book. This book remains in the Deputy Principal's office.
- Parents/carers of students that may require injections are required to meet with the Principal to discuss the matter.

MEDICATION REQUEST FORM

DATE	
PARENT'S NAME	
ADDRESS	
TELEPHONE	

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	
DOSAGE (AMOUNT)	
DOSAGE (TIME)	

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

Yours sincerely

(Parent Signature)