

ADMINISTERING PRESCRIBED MEDICATION

The School should only be requested to administer medication during the School day, at the request of the parent or guardian.

The first dose of any medication must not be given at School.

General Guidelines:

1. Before medication is administered the School requires written confirmation by the parents/guardians. This will be stored in the health file contained in the office.
2. All requests will be on the "Parent/Guardian's Request for School to administer Medication" form.
3. The exact dose of medication must be provided on the form by the parent/guardian to the School.
4. The medication must be locked in the First Aid cupboard or placed in the staff refrigerator if necessary.
5. The Principal may delegate the administering of the medication to staff members.
6. Children will be required to go to the office to receive their medication. The delegated staff together with a second staff member will endeavour to administer it as requested by the parents/guardian.
7. The policy includes all homoeopathic remedies.
8. Class teachers will receive a photocopy of the Parent Request form.
9. The two persons giving the prescribed medication will note the time, date and quantity given, and sign in the Medicines Register.
10. If the medication is refused, or not taken, this will be noted in the Register and the parent/caregiver contacted by the Office Secretary at 1.30pm daily.
11. A special protocol will be followed for staff to administer Adrenalin injections to pupils. This protocol forms an attachment to this policy.
13. Special procedures will be followed when in contact with blood or other body fluids.
14. All staff have the right to decline the administration of prescribed medication.

Parent/Guardian's Request Form for Administration of Medication

To the Principal, St John's School

I/We request that

of (address)

be given medication at St John's School.

1. I/we accept that the School does not have a trained medical officer to administer medications.
2. I/we accept responsibility for the decision to give this medication to my/our child, and acknowledge the School is in no way responsible for that decision.
3. 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.
4. I/we will notify the School about any changes to dose - and recommended time when medication is to be given, and fill out a new request form
5. I/we accept that it is the child's responsibility to present themselves at the office when When the medication is due to be given.
6. I/we accept that it is the parent's responsibility to note medication expiry date and replace it accordingly.
7. I/we confirm that the school is not administering the first dose of the medication detailed below.

Name of Medication and reason for taking it: _____

Dosage and time to be given at School:

Expiry date of medication (on container): _____

Date when medication is to finish: _____

Special storage requirements, i.e. in fridge etc : _____

Any side effects of medication: _____

Name and phone number of GP or Specialist (if applicable): _____

Parent or guardian's phone number during School hours: _____

After hours: _____

Emergency Contact Number: _____

Printed Name of Parent/Guardian: _____

Signature: _____

Relationship to Child: _____ Date: _____