



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.

Aim:

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

Implementation:

- Students who are unwell should not attend school and may be sent home.
- All parent requests to administer medications to their child, including non-prescribed medications, to their child must be in writing, signed and dated by the parent/carer and must include the name of the student, dosage, time and date to be administered (original medication bottle or container should provide this information).
- All student medications must be in the original containers, must be labelled and will be stored in the general office, refrigerator or stored safely in the classroom whichever is appropriate.
- Consistent with our Asthma Policy parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer) with them at school at all times.
- Students involved in school camps or excursions will only be administered prescribed medications by a staff member or their own parent unless the medication is a self-administered one.
- Parents/carers of students that may require injections to administer medication will need to meet with the class teacher to discuss the matter.
- Administration of medications which are self administered at particular times, (eg diabetes), or held for emergencies, (eg extreme allergies), will require comprehensive documentation in order for the appropriate protocol to be followed.
- Where children require on-going medication, parents will be required to complete a 'Medication Request Form'.

Evaluation:

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

Approved by School Council: February 2016



Gardenvale Primary School

66 Landcox St, Brighton East, Victoria, 3187 Ph: (03) 9596 2871 Fax: (03) 9596 5198
Web: www.gardenvale.ps.vic.edu.au E-mail: gardenvale.ps@edumail.vic.gov.au

MEDICATION REQUEST FORM

DATE:

**PARENT/ CARER
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:

DOSAGE (AMOUNT):

TIME/S of MEDICATION:

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

Yours sincerely

(Parent Signature)

GARDENVALE PRIMARY SCHOOL

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