

SCHOOL POLICY: ADMINISTERING OF MEDICATIONS

Rationale

Medication given at school will be administered according to the Guidelines below. The dispensing of medication needs to be under strict controlled conditions to ensure the safety of the child and staff.

Objectives

To protect children requiring medicine and adults administering medication at school.

To ensure safe storage and administration of medicine at school.

To ensure written parental consent and correct instructions for administration of medicine at school.

Guidelines

- 1 Caregivers are to communicate with the Principal or Classroom Teacher if medicine needs to be given at school.
- 2 Needs for long term medication will be discussed fully by the Principal, responsible staff member and parent/caregiver of the child.
- 3 The Public Health Nurse will act as a resource person as required with regard to administration of medication at school.
- 4 Medicines must be in their original containers, labelled with the child's name and dose to be given.
- 5 Caregivers must complete and sign a consent form *requesting* administration of medicine at school. Where medication is to be administered during school hours, written authorisation from the child's doctor must be attached. The school *may* act as an agent on behalf of the parent/caregiver. Consent forms will be held on Official School File.
- 6 Medicine will be stored in a safe place in the Principal office and be dispensed by the Principal or delegated member of staff.
- 7 Medication given at school will be recorded and signed for on the consent form by the responsible staff member.
- 8 Medication will not be administered without consent except in emergency situations for children on known medications; for example, Asthma attack that requires a broncho-dilator such as Ventolin, Bee stings where immediate medication is required
- 9 A list of photographs of students with specific medication requirements will be kept in the sickbay

Conclusion

The health and safety of children and staff will be paramount with regard to administering medicine at school or on field trips.

Trina Regnier
ACTING PRINCIPAL

Zoë Pickering
BOARD CHAIR

Dated: November, 2013

CONSENT FOR MEDICINE TO BE GIVEN AT SCHOOL

Child's name _____ Date _____

Medicine (name) _____

Dose (amount) _____

Times medicine to be given _____

Doctor's name _____ Drs Phone No. _____

Doctor's authorisation attached

Medicine to be given at the above times for _____ days

Teacher's name _____ Room No. _____

Parent/Caregivers name (printed) _____

Parent/Caregivers signature _____

Medication to be given

DATE	TIME	DOSE	SIGNATURE

Child's Name: _____ **Room No.** _____

DATE	TIME	DOSE	SIGNATURE