



ST JOSEPH'S PRIMARY SCHOOL LAURIETON DIOCESE OF LISMORE

Administering Medications Policy

Policy Number:	AMP.1.1
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Policy Contact Officer:	Rick Galvin
Related Documentation:	CSO Administering Medication SOP V1

Rationale:

The Catholic Schools Office Lismore (CSO) acknowledges that the dignity, safety and well being of students are central to the values underpinning the schools of the Diocese. Diocesan schools are responsible and accountable for ensuring, so far as is reasonably practicable, the health, safety, privacy and welfare of students enrolled at the school. Arising from the duty of care that schools owe to their students, there will be occasions when the administration of medication is necessary to support students during the course of the school day and during extra-curricular school activities.

To meet its obligations this school is committed to:

- I. Providing practical support for the parents/caregivers of students who require medication during school activities;
- II. Maximising the participation in school activities of students who require medication or special procedures for managing a health condition; and
- III. Optimising the health, safety and wellbeing of students.

Scope:

This policy is written in accordance with the Catholic Schools Office Diocese of Lismore Standard Operating Procedure Administering Medication in Schools. This policy applies to all students in our school.

1. DEFINITIONS

Medication means a drug prescribed by or used on the advice of a medical practitioner and which is considered essential to be administered at school for a student to achieve optimum health and to participate fully in school life. Medication is likely to be associated with a health condition such as epilepsy, diabetes, asthma, anaphylaxis, cystic fibrosis, Attention Deficit Hyperactivity Disorder (ADHD), or other conditions diagnosed by a medical practitioner.

2. RESPONSIBILITIES OF PARENTS/CARERS

Parents/Carers are responsible for:

- I. Asking the school to administer medication only when there are no other alternatives. That is, parents/carers should make every effort to administer medication to students in the home;
- II. Ensuring medical documentation reflecting dosage is provided to the school;
- III. Obtaining the relevant medication forms from the school and arranging for their completion and return;
- IV. Providing the medication in the original labelled container to the nominated staff member;
- V. Ensuring the medication is not out of date and has an original pharmacy label with the student's name, dosage and time to be taken; and

VI. Providing a request by parents/carers and written instructions from a medical practitioner for medication that is not obtained on prescription, or medication that is to be self-administered by the student, indicating:

- Name of student;
- Condition for which the medication is required; and
- Guidelines for administration.

3. RESPONSIBILITIES OF THE SCHOOL

The school is responsible for:

- I. Informing the school community of procedures for the administration of medication and the management of health conditions;
- II. Filing a copy of the original medical documentation reflecting dosage;
- III. Providing parents/carers with relevant medication forms for completion;
- IV. Providing information to, and training for staff on the administration of medication for the health conditions about which parents/carers have notified the school;
- V. Developing a management plan (in consultation with parents/carers) for students who require long term medication or management of a health condition at school;
- VI. Developing a safe system for the storage and administration of medication;
- VII. Keeping and storing records of all medication administered;
- VIII. Developing procedures to manage particular medical conditions such as asthma, diabetes, ADHD, anaphylaxis and epilepsy;
- IX. Following protocols that incorporate safety and security considerations for students approved to self-administer medication and/or self manage a health condition; and
- X. Reminding students (where necessary) about taking medication.



St Joseph's Primary School

COURTESY, FAITH, DILIGENCE

Request for Administration of Medication

To be completed by Parent/Guardian

Name of Student: _____

Name of Prescribing Doctor: _____

Address of Prescribing Doctor: _____

Phone number of Prescribing Doctor: _____

Reason for Medication: _____

Medication Details (1 row per dosage)

Medication Name	Dose	Time/s of Administration	Special Instructions	Self-Admin (Yes/No)

Maximum dose in 24hours _____

Minimum dose in 24 hours _____

Common Side Effects: (can be attached)

What to do in the case of these side effects?

- ☐ I have provided any medical documentation from my child's doctor
- ☐ I have provided the medication in the original labelled container to the office administration staff
- ☐ I have ensured the medication is not out of date and has an original pharmacy label with the student's name, dosage and time to be taken

I, _____, as the Parent/Guardian of the above named student request administration of medication supplied (including necessary equipment such as medication cup) as per the above directions. I also give permission for a school representative to contact the Prescribing Doctor if confirmation or information about this is required.

Signed : _____
 Parent/Guardian

Date: _____

[illegible][illegible]