



# St Luke's Catholic Primary School

Inclusiveness  
Forgiveness  
Service  
Attentiveness  
Courage  
Loyalty  
Personal Best



## Administration of Medication to Students Policy

## **Rationale**

Student self-administration of medication is preferable, if this is a viable option. The Principal has the overall responsibility for the communication between parents/guardians, school staff and health professionals. Approval for school staff to administer medication or supervise the administration by students, along with the safe storage of all medication, is also the responsibility of the principal.

Where an agreement has been reached between the principal, parents/guardians and the teacher/s, the teacher/s may administer or supervise the administration of the medication by the student, in cases where regular and ongoing administration of medication is required.

## **Definitions**

### **Minor Analgesics**

Asprin must never be administered to students because of the possibility of the development of Reye's Syndrome (a potentially fatal disease in childhood)

School staff are not to administer analgesics such as paracetamol or ibuprofen to students. The parent/guardian is responsible for the supply and administration of medication.

## **Prescribed Medication**

When a child requires regular and ongoing administration of medication during school hours, a meeting needs to be conducted between the Class Teacher and Parent / Guardian. During this meeting a 'Student Administration of Medication' form needs to be completed, detailing the medication and administration instructions. At the initial onset of administration of medication, the Parent / Guardian is required to supply the school with a letter from the child's doctor detailing the reason for the medication, what form the medication takes, the required dosage and administration instructions and any possible side effects. This letter must be signed by the prescribing doctor and will be kept in the child's enrolment file for future reference. If administration instructions are altered, a new letter advising of the updated instructions is required to be supplied to the school.

Teachers must continue to complete the 'Student Administration of Medication' form to document ongoing administration – detailing the time, date and dosage along with the signature of the teacher administering the medication.

Additionally, each time a new supply of medication is provided to the school, this must be documented on the 'Student Administration of Medication' form and be signed by receiving teacher and parent / guardian. In instances when the medication is supplied with an accompanying note or email, this must be attached to the form and indicated in the appropriate space for ongoing reference.

## **Emergencies**

An emergency action plan must be developed for students with serious medical conditions. The development of an emergency plan should be devised at the school level after consultation with the principal, parents/guardians and associated school staff. All students with special medical needs must have a Medical Care Alert completed and displayed in the Staff room (see appendix).

## **Records**

School staff must ensure that the administering of medication to students is recorded showing the time, date, medication given and by whom the medication was administered. By undertaking these procedures, school staff will be able to clearly establish that the agreed action plan was followed should any concerns arise.

It is the Principal's responsibility to ensure that all documentation pertaining to the administration of medication to students be retained and stored in a secure place.

The storage of such documentation is to be retained by the school until the student's 25<sup>th</sup> birthday.

## **Storage of Medication**

It should be noted that it is the parent / guardians responsibility to ensure that all medication is labelled correctly. It is the teacher's responsibility to ensure that medications are stored safely in a locked cabinet or drawer.

## **OTHER MATTERS OF A LEGAL NATURE**

*(Handbook for Catholic Schools 8.4.1)*

### **Child Medication and Teacher Responsibility**

From time to time teachers will be asked by parents to administer medication to children due to illness or other medical conditions. In extreme circumstances, teachers should refer such requests to the principal.

The principal, in consultation with staff, should consider such requests, while bearing in mind the seriousness of the responsibilities that accompany consenting to such requests.

Teachers are under no obligation to administer medication on behalf of parents. They may do so if they wish; however, written authority of parent/guardian should be provided and she/he must accompany the medication with very clear, concise instruction as to the volume and frequency of the dosage. In some circumstances, and at the principal's discretion, a report from a medical practitioner accompanying the medication may be requested.

See form "Administration of Medication"

All medication in school should be kept in a safe, locked place and should not be accessible to students.

Medication for a specific child must have the child's name clearly labelled and his/her medication should not be kept in the classroom without the principal's permission, unless it is in a locked drawer.

### **Sick Bay**

Children in attendance at school who present to staff as being unwell or injured will be sent to the school office area and be ushered to the Sick Bay. Office staff, will attempt to contact the child's parents by telephone and inform them of the situation to determine whether the child needs to go home.



# St Luke's Primary School

## Student Administration of Medication

Student Name			
Class		Teacher/s	
Medication			
Administration Instructions (Dosage and Frequency. Specify the times That the medication should be administered)			

Date	Medication	Quantity Received	Parent	Teacher



# MEDICAL CARE ALERT

Student's Name \_\_\_\_\_

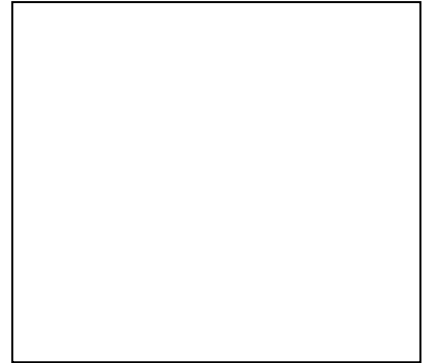
Class Teacher \_\_\_\_\_

Class \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_

PHOTO



Care must be taken with this student because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Alternative contact person/s

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# ST LUKE'S CATHOLIC PRIMARY SCHOOL

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## Student Medication Request Form – Information for Parents

Prescribed student medication is to be presented to the **PRINCIPAL** or **ASSISTANT PRINCIPAL** and should be in a container clearly showing the name of the student, the name of the medication, the dosage and the frequency.

### ADMINISTRATION OF MEDICATION – TEMPORARY/REGULAR

*(Please print)*

I \_\_\_\_\_ being parent/guardian of  
(Parent's name)

\_\_\_\_\_ request that \_\_\_\_\_  
(Student's name) (Name of school)

Administer the following medication prescribed by Dr. \_\_\_\_\_

for the purpose of treating \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_

***(NOTE: Please ensure all information is clearly shown)***

Time medication is to be taken \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY TREATMENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERVIEW WITH PARENT/GUARDIAN**

Comments

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Medication self-administered  
***(Please circle)***

Medication teacher administered  
***(Please circle)***

**PLEASE NOTE**

- **Teachers should refer request to the Principal.**
- **Teachers are under no obligation to administer medication on behalf of parents.**
- **Parents must provide a report from a medical practitioner to accompany medication.**
- **If teachers undertake the duty to administer medication, please be aware that unforeseen circumstances may interfere with this intention.**

\_\_\_\_\_  
(Signature of Parent/Guardian) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Doctor) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Class Teacher) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Principal) Date \_\_\_\_\_

**TO BE RETURNED TO THE SCHOOL OFFICE**