



# ST JOSEPH'S PRIMARY SCHOOL LAURIETON DIOCESE OF LISMORE

## Policy for Dispensing Medication in Schools

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| <b>Policy Number:</b>          | DMIS.1.2   |
| <b>Status:</b>                 | Ratified   |
| <b>Date Issued:</b>            | March 2015   |
| <b>Evaluation and Review:</b>  | March 2018   |
| <b>Policy Contact Officer:</b> | School Principal – David Hughes  |
| <b>Related Documentation:</b>  | <p style="text-align: center;"><b><u>ATTACHMENTS:</u></b></p> <ol style="list-style-type: none"><li>1. Notification and Request by Parent / Guardian for the Administration of Medication During School Hours</li><li>2. Medical Advice to School</li><li>3. Request to Prescribing Doctor for Medical Details Including Permission for Release of Information</li><li>4. School Acknowledgement to Administer Medication</li><li>5. Notification of Change to Medication</li><li>6. Deeds of Indemnity</li><li>7. Medication Register</li></ol> |

**Rationale:**

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 normal course of a school day or in school activities outside of normal school hours.

While children will usually require medication for reasons of health, sometimes medication will be necessary to assist learning or to modify behaviour.

**Procedures:**

The following guidelines and procedures will be followed at St Joseph's school.

Administration of Non-Prescribed Medication

- No medication should be given to a child without the written permission of a parent / guardian
- In special circumstances, as determined by the principal or his/her appointed delegate, paracetamol may be administered after verbal permission is obtained from a parent or guardian.
- Parents should be discouraged from providing children with medication at school, unless on Doctor's advice
- All medication to be kept in a central location in the office, clearly labelled with all relevant information for the child for whom it has been provided
- Parents to be regularly informed of the school's policy in regard to the administration of medication
- A medication register is to be established and maintained. The register will contain the following information: date, time, name of student, type of medicine, dosage and the name of the person administering the medication
- These guidelines apply to both teacher-administered and self-administered medication.

Administration of Prescribed Medication

- Medication must be supplied in a container, clearly marked with the students name, the name of the drug, dosage, frequency of administration and prescribing doctor's name. Parents should provide the dosage for the week only.
- Appropriate equipment for administration eg medication measures, should be supplied by parents
- All prescribed medication must be kept under lock and key in the agreed central location until the time of administration
- Prescribed medication required by students must be accessible to them as and when required both at school and whilst on excursions, sports days, camps etc
- Where possible, no member of the school staff, other than the Principal's designates, should administer medication to a student unless the nature and dosage of the medication and the identity of the student have been checked by a second adult person, to ensure that the medication is in accordance with the directions given by the student's parents. Particular attention should be paid to these requirements when students are operating outside the usual classroom situation (eg whilst on excursion).
- It is the responsibility of the designated staff and the classroom teacher to ensure that all students attend at the appropriate time and place for their medication. The parent is responsible for ensuring that medication is available for the child on excursion, sports days, etc. The Principal's designate would be responsible for care and administration of medication on these occasions.
- The school procedure allows for changes occurring in the medication being prescribed for particular students

- Details of the administration of prescribed medication should be entered in the Medication Register.
- Medication Registers: Each class teacher to maintain a Medication Register for casual administering of non-prescribed medication. Regular recipients of medication to have a permanent register in the office. A register for others to be maintained.

DEEDS OF INDEMNITY

In consideration of the staff of:

St Joseph's Primary School, LAURIETON

at my request administering medication to my son/daughter:

\_\_\_\_\_

I hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents, and

St Joseph's Primary School, LAURIETON

and its employees and agents including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said (Parent/Guardian):

\_\_\_\_\_

In the presence of :

\_\_\_\_\_ Witness Signature

\_\_\_\_\_ Name of Witness (please print)



- Scenario 1: A student brings a non-prescribed drug or medication e.g. Panadol, to school to take at lunchtime.  
Action: The teacher needs to be informed. The medication needs to be kept in a central location. The teacher records the details on the medication register, even though the medication is self-administered.
- Scenario 2: The parents request the teacher to administer non-prescribed medication to their child at regular intervals during the day.  
Action: The parents need to make this request in writing. A deed of indemnity needs to be completed. The medication is kept in a central location. The medication register is completed.
- Scenario 3: The parents request the school to administer a prescribed medication. e.g. for ADD.  
Action: Parents fill in Attachment 1. Parents supply Attachment 2 (Medical Advice) or school uses Attachment 3 (a request for Medical advice). Parents sign deed of indemnity. School completes Attachment 4 (acknowledgement to administer medication) signed by Principal. A medication register is kept.



NOMINATION & REQUEST BY PARENT/GUARDIAN  
FOR THE ADMINISTRATION OF PARACETAMOL  
DURING SCHOOL HOURS

To be completed by Parent or Guardian

I request and give permission for my child

\_\_\_\_\_

to be given the appropriate dose of Paracetamol during school hours at the discretion of the Principal or his/her appointed delegate.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any change to my permission for the administration of Paracetamol. I hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents and St Joseph's Primary School Laurieton and its employees and agents from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

\_\_\_\_\_ (signed) \_\_\_\_\_ (Date)

REQUEST BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF ANTIBIOTICS DURING  
SCHOOL HOURS

To be completed by Parent or Guardian

I request that my child:

\_\_\_\_\_

Full name of student

be allowed to take antibiotic medication at school according to instructions from:

\_\_\_\_\_

Full name of prescribing Doctor

| Medication | Dosage | Time/s |
|------------|--------|--------|
|------------|--------|--------|

\_\_\_\_\_

The medication has been prescribed for the following reason:

\_\_\_\_\_

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the antibiotic. I hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents and St Joseph's Primary School Laurieton and its employees and agents from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

\_\_\_\_\_ (signed) \_\_\_\_\_ (date)



Example

Thank you for your letter concerning **Jessica's** medical condition and her medication requirements.

Our school policy concerning medication is:

- No medication should be given to a child without the written permission of a parent / guardian
- Parents are discouraged from providing children with medication at school, unless on Doctor's advice
- Medication must be supplied in a container, clearly marked with the students name, the name of the drug, dosage, frequency of administration and prescribing doctor's name. Parents should provide the dosage for the week only.
- All medication to be kept in a central location in the school office, clearly labelled with all relevant information for the child for whom it has been provided
- Prescribed medication required by students must be accessible to them as and when required both at school and whilst on excursions, sports days, camps etc.
- Where possible, no member of the school staff, other than the Principal's designates, should administer medication to a student.
- It is the responsibility of the designated staff and the classroom teacher to ensure that all students attend at the appropriate time and place for their medication. The parent is responsible for ensuring that medication is available for the child on excursion, sports days, etc. The Principal's designate would be responsible for care and administration of medication on these occasions.

The medication will be kept under lock in the School Office. **Jessica** has been asked to report to **Mrs Muller** before recess each day when she will be given her tablet.

I enclose the necessary forms for you to complete, including one for us to send to her doctor for information. Could you please complete all forms, sign where indicated and return as soon as possible.

If you have any further enquiries, please do not hesitate to phone me at school.

Sincerely