



PROCEDURES FOR ADMINISTRATION OF PRESCRIBED MEDICATIONS

Students have a right to receive prescribed medication in school hours if this enables them to access education. Staff members have a right to choose whether or not to take responsibility for administering medication to a student.

Parents need to provide written authority for the administration of prescribed medication (form attached). This will detail the medication to be administered, the specified dosage, frequency of dosage, and the time for which the medication is to be given.

It will be made clear to the parents or guardians, that while the school is prepared to assist with the administering the medicine, the school cannot and will not accept responsibility for any of the following:

- Any error arising from the administering of the medicine
- Failure to administer the medicine at a set time or in the prescribed manner
- Any negative consequences arising from the administering of medicine which is subsequently found to have had a deleterious effect on the health of the child.

Prescribed medication will only be administer by a staff member once the agreement is signed. It is the parent or guardians responsibility to inform the school of any change in the students medical circumstances.

Each time the medication is administered, a register will be signed.

Medications need to be in their original packet with prescribing directions on it.

Medication will be stored in the secretary's office, in an area not accessed by children or in the refrigerator in the staffroom.

Parents or guardians will be advised of these procedures via the school newsletter and at time of enrolment.

All medical data will be updated annually.

For education outside of the classroom (eg school camps), parents must authorize on the permission slip authority for the teacher in charge to have the responsibility to administer medicines.



AUTHORITY TO ADMINISTER MEDICINE

I/We _____ the legal guardian of
_____ advise that our son/daughter is
required to take the following medicine:

(Parents to advise details of dosage/times etc)

If a staff member assists my son/daughter with the taking of this medicine, we agree and accept that the school cannot be held responsible for:

1. Any error arising from the administering of the medicine.
2. The pupil's failure to take the medicine.
3. Any health problems that may arise as a consequence of taking the medicine.

Signed: _____

Date: _____