

Student Medication Policy



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 of medication by students, along with the safe storage of all medication, is the responsibility of the Principal. The arrangement for provision to meet health care needs is also the responsibility of the Principal.

Where an agreement has been reached between the Principal, parents/guardians and/or the Medical Practitioner, schools may administer or supervise the administration of the medication, or provide health care for the student.

Medication

Minor Analgesics

Analgesics are non-prescription pain suppressants (eg aspirin and paracetamol), which may have undesirable side effects. Aspirin shall not be administered to students without a medical practitioner's written instruction.

Student complaints, such as headaches, which may result in requests for analgesics may have underlying medical or psychological causes requiring professional assistance. School staff are not able to administer analgesics.

Supervision of Administration of Medication

- Parents/guardians are responsible for advising the Principal, in writing, of any specific requirements for school staff when supervising the administration of medication. This should include details from the medical practitioner regarding the circumstances for use.
- Parents/guardians must provide written authority for school staff to supervise the administration of prescribed medication. A school proforma is available for documentation.
- School staff are only to supervise the administration of medication in accordance with the medical practitioner's instructions.
- Children may not self-administer medication without supervision.
- First aid staff will administer medication from the Administration Office to students from Pre Primary through Year Six.

Person Supervising Administration

Appropriate documentation will be maintained to ensure that students taking medication is recorded, showing the time, date, the medication given and who administered the medication.

Storage of Medication

The medication will be stored at the staffroom OR in the case of Kindy or Pre-Primary children, in the classrooms, and access will be restricted to authorised personnel.

All medication must be appropriately packaged and clearly show the name of the medication, student's name, dosage and frequency of the dosage.

It is the parent's/guardian's responsibility to ensure that all medication is labelled correctly, is not out of date, and sufficient quantities are supplied for the student's needs.

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Allergies Including Asthma

Allergy related medication, when time is a risk factor, will be stored in the classroom and in the staffroom.

Parents may need to supply required medication for both classroom and staffroom.

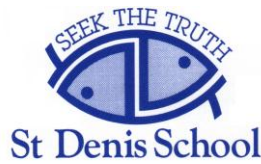
Contagious Diseases

In the interest of the health of all children, there are some diseases which require that affected children are excluded from school.

In none of these common diseases is it necessary for contacts (e.g. brothers, sisters, playmates, etc) to be excluded from school unless they show signs of the disease. Any doubt should be referred to the school principal.

Common diseases or conditions which require exclusion from classes are as follows:-

- Chicken Pox
- Measles
- Head Lice
- School Sores (Impetigo)
- Mumps
- Ringworm
- Rubella (German Measles)
- Whooping Cough



**STUDENT MEDICATION REQUEST and
EMERGENCY ACTION PLAN
(CONFIDENTIAL)**

I _____ being the parent/guardian of student
_____ D.O.B. _____ Class _____
(name)

request that St Denis Primary School supervise the administration of the following medication daily/
in emergency as prescribed by Dr. _____ Phone _____ whose
letter is attached for the purpose of treating _____
(condition)

His/her condition is:	under control, no medication	YES / NO
	under treatment, and is fine	YES / NO
	under constant supervision	YES / NO
	other (indicate below)	

Name of medication: _____
(any medication supplied is to be labelled, named, dated, and have instructions with it)

Dose: _____

Time to be taken: _____

Other treatment & comments: _____

I understand that it is important for me to contact the school in the event of any of the above information being changed.

(Signature of Parent/Guardian)

Date: _____