Medication Distribution Policy



Rationale:

Many students attending school need medication to control a health condition. The First Aid Officer will assist students, where appropriate to take their medication. The school will ensure the students privacy and confidentiality and will exercise sensitivity towards this issue to avoid any stigmatisation.

Guidelines:

The student's parent/carer may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.

Implementation:

In order to ensure that the interests of staff, students and parents/guardians/approved persons are not compromised, prescription medication will only be administered with explicit written permission from parent/guardian/approved person, or in the case of an emergency, with permission of a medical practitioner.

When administering prescription medication on behalf of parent/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacist's label noting the name of the student, dosage and time to be administered. u

For the administration of non-prescription medication (such as Panadol or antihistamines), verbal permission will be sought from parent/guardians

The staff member administering medication needs to ensure that:

- the right child;
- has the right medication;
- and the right dose;
- by the right route (for example, oral or inhaled);
- at the right time; and
- that they write down what they have observed
- permission to administer medication has been received from the child's parents/guardians/approved persons or a medical practitioner.

The First Aid Coordinator will inform teachers of those students in their charge who require medication to be administered at the school. The teachers may be required to release students at prescribed times so they may receive their medications, privately in the first aid room.

The School will ensure that a medication register is kept as a record of when medications are dispensed to students, and ensure it is completed by the person administering the taking of medication.

The school in consultation with parents/carers and the student's medical/health practitioner will consider the age and circumstances by which the student could be permitted to self-administer their medication. Ideally, medication to be self-administered by the student should be stored by the school. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

Other related policies

Links which relate to this policy are:

- DET Medication Policy
- DET Anaphylaxis Policy
- DET Health Support Planning Policy
- Asthma Society Webpage

Medical authority form

• Attached to this policy

Evaluation:

Ratified by School Council: March 2021

To be reviewed in: March 2024



Authority to administer medication at Bunyip Primary School.

Year:	
I authorise any staff member from Bunyip Pr	imary School to administer the required medication
as stated below for my child	
	in Room
MEDICATION:	
DOSAGE:	
DOCTOR/PHONE:	
SPECIAL REQUIREMENTS NEEDED:	
SIGNED BY PARENT:	
DATE:	



Bunyip Primary School

STUDENT MEDICATION RECORD

Section 1 – De	1 – Details of medication to be administered by school staff (Parent/Carer to complete)															Insert student photo below.																
Student nar	ne		Date of birth																													
Parent/care	r name		Contact phone nu														numl	ber														
I hereby reques	ereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.																															
Name of medication									Dosa . 1 ta	ige ablet	t)	Route (e.g. oral)									Tim	e/s to	be giv									
Additional i	nformat																															
Parent/care	r signat	ure						r short term medication at school (School use only)																								
Section 2 – Re	cord of ad	minis	stratio	on oi	f a si	ngle	or sl	hort t	erm	med	icatio	n at so	chool	(Scho	ol use	only)	•	"				h	alia ati				/					
R – Stu	udent Refus	; S – Self administration; P – Parent/carer administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer;																														
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Section 1 – Det	tion 1 – Details of medication to be administered by school staff (Parent/Carer to complete)																Insert st	udent p	hoto be	low.												
Student nam	ne		Da														Dat	e of	birth													
Parent/care	r name		Contact phone number																													
I hereby reques	hereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.																															
Name of medication								Dosage (e.g. 1 tablet) Route (e							e.g. or	.g. oral) Time/s to be given during school								ol								
Additional information																																
Parent/care	Date																															
KEY: A - Studen	Section 2 – Record of administration of a single or short term medication at school (School use only) KEY: A – Student absent; S – Self administration; P – Parent/carer administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer; R – Student Refused → Contact parent/carer																															
MONTH	TIME	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	2	21	2	2	2	2	2	2	2	2	3	3
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