# **Medication Policy**



# **Wellard Village Primary School Medication Policy**



#### **Purpose**

This Medication policy is to inform the Wellard Village community of the information and procedures required to administer medication to students at school.

This policy has been developed in consultation with the WVPS Steering Committee and in accordance with the Department of Education's "Student Health Care in Public Schools Policy". Any review or future changes will be made with the approval of the future WVPS School Board.

#### Medication and equipment

If a child needs to be given medication during school hours, parents/carers will be asked to provide:

- Medication that is labelled with the child's name, in its original packaging and is within expiry.
- Written authorisation for the school to administer the medication using a standard form from the school.
- Any associated medical equipment (it is important to ensure it is supplied in good working order).

It is important that you maintain communication with the school and advise of any changes or concerns you may have.

## **Short Term Use of Medication (up to two weeks)**

Short-term medication is prescribed medication that a student is required to take during school hours in response to a short-term medical condition. For administration of **short-term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an **Administration of Medication form**. These forms can be obtained from the front office or downloaded from the school's website.

#### Note:

- The medication must be clearly labelled with the child's name and provided in packaging from the pharmacy or the manufacturer.
- Documentation must be signed and dated by a parent/carer and provided to the school with the medication.

#### **Long Term Use of Medication**

Long-term medication is prescribed medication that a student is required to take during school hours in response to a long-term or ongoing medical condition. Instructions and authorisation for the administration of long-term medication are to be recorded in the student's health care plan. Parents/carers will be required to complete a Student Health Care Summary and Management/ Emergency Response Plan for their child's particular health need.

Note: All medication must be handed by the parent to a member of the Administration team.

#### **Administration of Medication (Staff Members)**

- Medication will be administered by either the Associate Principal/s or Principal.
- In the event no members of the Leadership Team are available this responsibility will be delegated to the Corporate Services Staff.
- Staff members should not give prescription medication to a child unless under the direction of Principal or Associate Principal. This authority would be delegated for an excursion/ off site activity.

Students are not permitted to have any medication in their possession at school. The only exception to this is puffers for asthmatics.

#### **Excursions and Off-Site Activities**

When an excursion or off school site activity is planned, the teacher and the parents/carers of a child with intensive health care needs must consider the possible impact on the student. Students requiring medications may attend excursions or off-site activities provided adequate care can be provided by the staff attending the activity. The Principal or Associate Principal must ensure that appropriate contingency plans have been made to deal with medical emergencies involving students with health care needs during an excursion or off school site activity.

#### Dosage

Dosage is in accordance with the pharmacy label and prescription. Where the requested dosage is within the range specified by the medical practitioner staff must administer the medication accordingly.

#### **Storage of Medication**

- As part of a Health Care Authorisation, it may be agreed that an amount of medication will be stored by the school. The agreed amount of medication will be handed, by the parent/carer, to the office for safe storage. This will be documented on the student's record of health care support.
- Staff will follow the instructions on the medication to store it safely. Staff will store restricted drugs in a locked cupboard away from non-restricted drugs.
- For all students, medication is stored in the locked medical cupboard located in the medical room in the front office. This can only be accessed by authorised staff. Any medications requiring refrigeration are in the office refrigerator.

### **Record Keeping**

Each student will have a medication record commenced when parents/carers give authority to administer medication. This record will be kept with the medication in the medical room. Each time medication is administered, a staff member will update the student's record of health care support. Once the period of medication is finished the record will then be moved to the child's student file.

# FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.  Note: Long term administration of medication should be incorporated in a health care plan.								
School:	Year: Form							
Students Name: Date of Birth:								
Family Contact Details Address:	Details Gender:							
Telephone No: Teacher:								
Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)								
	Medication 1	Medication 2						
Name of medication								
Expiry date								
Dose/frequency – (may be as per the pharmacist's label)								
Duration (dates)	From: To:		From: To:					
Route of administration								
Administration Tick appropriate box	By self Requires assistance		By self Requires assistance					
Storage instructions	Stored at school		Stored at school					
Tick appropriate box(es)	Kept and managed by self		Kept and managed by self					
	Refrigerate		Refrigerate					
	Keep out of sunlight		Keep out of sunlight					
	Other		Other					
Will staff need to be trained to administer your child's medication? Yes No If yes, describe the type of training the staff would require:								
Section B – Authority to Act								
This administration of medication form authorises school staff to noted above.	o follow my/our advice and/or that of our m	edical practitione	er. It is valid for the specified time pe	eriod as				
Parent/Carer:	Date:							
OFFICE USE ONLY								
Date received:								
Is specific staff training required? Yes No : Type of training:  Training service provider: Name of person/s to be trained:								
Date of training:								
When this course of medication concludes, please retain this form in the student's school file								

# FORM 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

## RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	No of tablets on hand	Staff Member	Signature/Initials