

## Medication Dispensing Policy

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### Related Policies

Pastoral Care Policy  
Student Welfare and Management Policy  
Medication Dispensing Policy  
Allergy Awareness policy  
Work Health and Safety Policy  
First Aid Policy

### Purpose

The following policy and procedures are to act as a guide for the school with regard to the dispensing of medicines to students with illnesses.

The policy addresses the duty of care owed by the school to the student, other students, staff or other people who access the school.

The policy applies during the course of a normal school day or in school activities outside of normal school hours. Prescribed medication required by students must be accessible to them as and when required, both at the school and whilst on excursions, sports days, camps etc.

### Policy

School staff responsible for administering medication should be appropriately in-serviced.

The Principal, after consultation with staff, will nominate at least two members of staff who will be responsible for the administration of medication in the school.

All teachers should be adequately trained in the administration of medication in emergency situations that are likely to arise in the school especially where it is known that a student has a particular medical condition or serious allergy.

Staff and parents should be periodically reminded of the school's policy guidelines for dispensing medication.

## **Procedures**

### **General Guidelines**

- All medication should be in the container in which it was dispensed.
- All medication should be clearly labelled with:
  - the child's name;
  - the drug's name;
  - the dosage and frequency to be given;
  - the prescribing doctor's name.
- Any medicine kept on the school premises should be kept in an appropriately locked cupboard.
- Provision should be made for staff to work in teams so that drugs are administered only in the presence of another adult.
- A record of all medication given should be maintained. This should include - the date, time, student, substance administered, dosage amount and name of person administering the medication. Supervision is to be arranged where a student self-administers medication.
- Staff involved in administering Schedule 8 drugs need to be informed by the child's doctor (via the parents) of what to do if a dose is missed.
- Alternative arrangements may involve parents/guardians if suitable staff are not available to administer the medication.
- All medication is to be kept at the Front Office. The only exception to this is Ventolin puffers self administered by students.
- Some provision should be made for staff that do not wish to be involved in the administration of drugs.

### **Analgesic Substances**

- Schools should not normally dispense analgesic substances for pain relief.
- Aspirin or a medication containing aspirin may be harmful to the recipient and should only be administered in cases when written authorisation by the student's doctor (via the parent) states that aspirin has been prescribed for a specific condition.
- If analgesics are used, paracetamol only should be administered.
- Analgesics are not to be combined. Single substances only are to be given, for example, do not mix aspirin and paracetamol
- Analgesics are to be issued by a designated first aid person only.
- Parents should complete a 'Request to Dispense Medicine' form if staff are asked to administer analgesics to a student.

### **Anaphylaxis/Allergies**

- Parents should notify the school if the student is anaphylactic or suffers from allergies
- Parents complete a medical management plan for the student detailing medication required using the Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis.
- A student's photo is added to the medical window in the front office with details provided.
- The teacher relief folder is updated yearly to include all students with medical alerts.
- The teacher yard duty lanyards are updated yearly to ensure staff are aware of students

- All staff are informed regarding any students with ACSIA action plans and staff are provided with training as required to administer medication.

### **Asthma**

- All staff are made aware of the information available from the Asthma Foundation on the management of asthma in schools. (See References).
- Staff allow students with asthma to have their medication on their person.
- Staff encourage students to be educated in their use of asthma medication.
- A bronchodilator puffer is carried in the first aid kit for an asthma attack where students do not have their puffer with them (for example, Ventolin, Bricanyl, Respolin are safe and are the first choice in treating an asthma attack. They are available from chemists and have a reasonable shelf life).
- A register of students with asthma is kept.
- A separate Action Plan devised and documented by a student's doctor for those students who may require emergency assistance.

### **Students Who Require Prescribed Medication**

Two sets of forms are included with this policy:

- APPENDIX ONE: Request to Dispense Medicine (for example, antibiotics and analgesics).
- APPENDIX TWO: Administration of prescription medication form and Deed of Indemnity.
- APPENDIX THREE: A set of four forms to be used for Schedule 8 drugs or drugs that need administering every day.

### **The following procedures should apply**

- The Principal is to be informed about students who require medication during the school day.
- No medication should be given to a child without the written permission of a parent/guardian.
- Parents should supply appropriate equipment for administration, for example, medication measures.
- It is the responsibility of designated staff and the class teacher to ensure that all students attend at the appropriate time and place for their medication.
- When students are working outside the usual classroom situation e.g. on excursion teachers are responsible for ensuring that they are familiar with the administration of medication and that the medication is held by a supervising adult who is able to administer the medication as appropriate. It is the responsibility of class teachers to ensure that the First Aid Kit is transported to any activity outside the normal usual classroom situation.
- In the case of analgesics and antibiotics, for example, common sense dictates that it is not practical to require all six forms to be completed. A 'Request to Dispense Medicine' form should be used for such medicines that are not Schedule 8 drugs. Principals should use their discretion in this regard.
- First Aid Kits are stored in the Sick Bay and all medication is stored in a locked space with the student's name and class clearly visible. Maintenance of First Aid Kits and the storage of medicines is the responsibility of the Office Manager.

## References

Position Paper - A National Policy on Asthma Management for Schools

ACT Drugs of Dependence Act 1989

[www.allergy.org.au](http://www.allergy.org.au)

[www.cecnsw.catholic.edu.au](http://www.cecnsw.catholic.edu.au)

## Forms

Nil

**Approved by:** Principal

**Issuing Group:** St. Thomas the Apostle Primary School

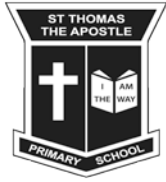
**Implementation Date:** January 2005

**Supersedes policy Dated:** 2008

**Policy Last Updated:** 2013

**Review Date:** 2017

**APPENDIX ONE**



**St Thomas the Apostle  
Primary School**

Boddington Crescent  
Kambah, ACT 2902

Phone: (02) 6231 4144

Fax: (02) 6296 2621

Office.sttapkambah@cg.catholic.edu.au

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**Request to Dispense Medicine**

To be completed by Parent or Guardian

**I request that my child:**

\_\_\_\_\_ (Full Name of Student)

in \_\_\_\_\_ (Roll Class) **be given**

\_\_\_\_\_ (Name of Medication)

at \_\_\_\_\_ in dosages of \_\_\_\_\_  
(times) (ml or tablets)

**For the Medical Condition:**

\_\_\_\_\_

**Any other relevant comments:**

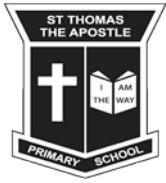
\_\_\_\_\_

\_\_\_\_\_

**Signed:**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX TWO



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**Notification And Request By Parent/Guardian For  
The Administration Of Prescribed Medication  
During School Hours**

To be completed by Parent or Guardian

I request that my child:

\_\_\_\_\_ (*Full Name of  
Student*)

in \_\_\_\_\_ (*Roll Class*) be allowed to take medication at school  
according to instructions from:

\_\_\_\_\_ (*Full name of Prescribing  
Doctor*)

\_\_\_\_\_  
\_\_\_\_\_  
*Address and phone number of Prescribing Doctor*

The medication has been prescribed for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor.

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 medicine. I agree to indemnify the School and related parties on the terms of the attached Deed of Indemnity.

Signed:

*Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_



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**Deed Of Indemnity**

In consideration of the members of staff of St. Thomas the Apostle Primary School, Kambah  
at my request administering medication to my son/daughter:

\_\_\_\_\_ *Full Name of  
Student*

in \_\_\_\_\_ (*Roll Class*).

I hereby indemnify and agree to keep indemnified the Catholic Education/Schools Office and its employees and agents, and St. Thomas the Apostle Primary School 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:

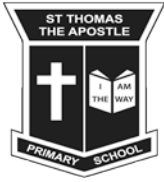
\_\_\_\_\_ *Parent/Guardian*

In the presence of:

\_\_\_\_\_ *Signature of  
Witness*

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

**APPENDIX THREE**



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**Request To Prescribing Doctor For Medical  
Details  
Including Permission For Release Of Information**

Dear \_\_\_\_\_ *Name of Prescribing  
Doctor*

\_\_\_\_\_  
*Initial and Surname of Parent/Guardian*

\_\_\_\_\_  
*Address*

has informed me that his/her child:

\_\_\_\_\_  
*Full Name of  
Student*

requires the administration of medication during school hours. Please complete the details on the form attached to assist the school staff to ensure that the student named above receives the necessary attention. You will note (see below) that the parent/guardian has given permission for the information to be released.

Yours sincerely,

Principal

**Parent/Guardian**

I hereby give permission for the release of information to the Principal of St. Thomas the Apostle Primary School, Kambah.

Signed:

*Parent/Guardian* \_\_\_\_\_ *Date:* \_\_\_\_\_





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**Medical Advice To  
School**

To be completed by Prescribing Doctor

Student's Full Name:

\_\_\_\_\_

1. Medical condition(s) of the child requiring regular treatment:

\_\_\_\_\_

\_\_\_\_\_

2. Essential medication requiring administration during school hours:

**Medication Details**

Condition name	Medication name	Dosage	Time/s of Administration	Special instructions	Self-Administration (Yes/No)

3. Recommended restrictions on participation in school activities (e.g. sport):

\_\_\_\_\_

\_\_\_\_\_

4. Recommended procedure in crisis situation

\_\_\_\_\_

\_\_\_\_\_

5. Additional comments:

\_\_\_\_\_

\_\_\_\_\_

Signed:

Doctor \_\_\_\_\_ Date: \_\_\_\_\_



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**School Acknowledgment Of Request To Administer  
Medication**

Dear

\_\_\_\_\_ *Name of  
Parent/Guardian*

I have considered your request to administer medication to your child:

\_\_\_\_\_ *Full Name of  
Student*

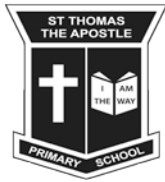
The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a layperson without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
2. The attached form must be completed before any changes to the medication and its administration can be implemented.
3. I understand that the information provided by you and the prescribing doctor may be discussed by the Principal with other members of the school staff.

Yours sincerely

Principal



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***Letter of Explanation to Parents***

Dear \_\_\_\_\_,

Please find attached the Forms that need to be completed so that medication can be administered to your child during the school day.

These Forms comply with the procedure recommended by the Catholic Education Office and have been designed to ensure the safety of your child and to protect the school staff who do not have medical training.

The *Notification And Request By Parent/Guardian For The Administration Of Medication During School Hours* and *Deed Of Indemnity* forms are to be completed by you. The *Request to Prescribing Doctor* form also requires you to complete the relevant details and signature. Please return all three forms to the school. On receipt of the completed forms contact will be made with the Doctor seeking the information necessary for school records.

I am aware that this may seem a complicated process but please be assured that the school will give you every assistance in this matter.

In this instance, and as an interim measure only, we will undertake to administer medication to your child without the required documentation until [DATE].

Please do not hesitate to contact me if I can be of further assistance to you.

Yours sincerely,

Principal

