St Mary’s Primary School

Medication Policy
# MEDICATION POLICY

## PURPOSE

The purpose of this Policy is to establish a framework and provide directions for the administration of medication to students enrolled in the school.

## POLICY FRAMEWORK

At St Mary’s we acknowledge the dignity, safety and wellbeing of students. We acknowledge that the school is responsible and accountable for ensuring the health, safety, privacy and welfare of students enrolled in the school. Arising from the duty of care that the school owes to the students, there will be occasions when the administration of medication is necessary to support students during the course of a normal school day. While children may require medication for reasons of health, sometimes medication will be necessary to assist leaning or to modify behavior.

To meet its obligations this school is committed to:

- Providing practical support for the parents/caregivers of students who require medication during school activities
- Maximising the participation in school activities of students who require medication or special procedures for managing a health condition
- Optimising the health, safety and wellbeing of students

## POLICY CONTENT

### Definition

Medication refers to medication prescribed by or used on the advice of a medical practitioner and which is considered essential to be administered at school/the college for a student to achieve optimum health and to participate fully in school life. Medication is likely to be associated with a health condition such as epilepsy, diabetes, asthma, anaphylaxis, cystic fibrosis, Attention Deficit Hyperactivity Disorder (ADHD), or other conditions diagnosed by a medical practitioner.

Over the counter pain killers eg Panadol can only be administered by office staff with express verbal or written permission of the parent. A record of any medication given is to be kept in the medication folder.
POLICY RESPONSIBILITY

Responsibilities of parents

Parents are responsible for:

• Obtaining the relevant medication forms from the school and arranging for their completion and return
• Providing the medication in the original labeled container to the nominated staff member
• Ensuring the medication is not out of date and has an original pharmacy label with the student’s name, dosage and time to be taken
• Providing a request by parents and written instructions from a medical practitioner for medication that is not obtained on prescription, indicating:
  ▪ Name of student
  ▪ Condition for which the medication is required
  ▪ Guidelines for administration

Responsibilities of the school

The school is responsible for:

• Informing the school community of school procedures for the administration of medication and the management of health conditions
• Providing parents with relevant medication forms for completion
• Providing information to and training for staff on the administration of medication for the health conditions about which parents have notified the school
• Developing a management plan (in consultation with parents) for students who require long term medication or management of a health condition at school
• Developing a safe system for the storage and administration of medication
• Keeping and storing records of all medication administered
• Developing procedures to manage particular medical conditions such as asthma, diabetes, ADHD, anaphylaxis and epilepsy
• Following protocols that incorporate safety and security considerations for students approved to self-administer medication and/or self manage a health condition
• Reminding students (where necessary) about taking medication

RELATED AND SUPPORTING POLICIES AND DOCUMENTS

• Medication form
POLICY REVIEW

The policy will be reviewed within 12 months of its date of adoption, then periodically and not less frequently than every 3 years from its date of implementation.

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<th>POLICY DATES</th>
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<td><strong>Formulated</strong></td>
<td>2012</td>
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<th>POLICY AUTHORISATION</th>
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<td><strong>Principal</strong></td>
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<td><strong>Signature</strong></td>
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DEED OF INDEMNITY

In consideration of the members of staff of

St Mary’s Primary School, Grafton

At my request administering to my son/daughter:

__________________________________________

Full Name of Student

I hereby indemnify and agree to keep indemnified the Catholic Schools Office and its employees and agents, and

St Mary’s Primary School, Grafton

and its employees and agents, including 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: ___________________________ Date ______ / ______ / ______

Parent/Carer

In the presence of: ___________________________ Date ______ / ______ / ______

Signature of Witness

Name of Witness

I request that the staff of St Mary’s Primary Grafton administer the following medication to my child.

Child’s Name ___________________________

Name of medication ______________________

Dosage ________________________________

Time _________________________________

Duration (where necessary) _______________

Signed ___________________________ Mother / Father

Print Name ____________________________

Date ________________________________