

MEDICINES

POLICY

Rationale / Beliefs:

YOPS has a professional obligation and duty of care to the physical well-being of all students.

Aims:

- To ensure any medications given to students are done so by a responsible adult and to ensure details of when and how the medication was administered are collected.
- To discourage self-medication by students - except in cases where parents have requested and authorised children to take the responsibility.

Identification:

Students with medication requirements will be identified through:

- CASES medical information.
- Information provided on enrolment forms.
- Information supplied by parents / care givers.

Procedures:

- School personnel can administer medications provided that -
Medicines are accompanied by a signed, handwritten authorisation by parents / legal guardians.

All prescription medications must be named and must come with attached, clearly written instructions.

All medicines to be administered must come in the original packaging.

- All medicines must be given directly to the teacher or delegated person at 9 0'clock -- or on late arrival.
- Staff will not administer unauthorised medications.
- Students are not permitted to carry tablets or syrups for self-medication. They may carry asthma puffers / inhalers, insulin for personal use only when advised by a medical professional.

Forms:

- Where students suffer from asthma, diabetes, allergies and anaphylaxis a copy of the management plan from the doctor must be provided by parents. These will be stored in the class medical file and a copy will be kept in the medical folders in the office. (see Lana)
- Once medicine is dispensed, the following records must be maintained on the "Administration of Medications" record sheet.
- Parent authorisations / letters regarding medications will be kept in the office.

This policy was ratified by School Council

July 2018

ADMINISTRATION OF MEDICATIONS

TEACHER: **GRADE:** **YEAR:**

DATE	STUDENT'S NAME	TIME GIVEN	MEDICATION DISPENSED	DOSAGE GIVEN	SIGNATURE

ADMINISTRATION OF MEDICATIONS. - PARENT REQUEST FORM.

Dear _____,

I request that my child: _____ in Grade _____

be given the following medication during the school day.

Name of medicine: _____

Reason for medicine: _____

Time / s to be given: _____

Dose to be given: _____

Date/s the medicine is to be given: _____

In accordance with the school Medicine policy, I have:

- made sure the medicine is in the original package with its name on it.
- told my child to hand this letter and the medicine to the teacher as soon as he / she arrives at school.

Signed: _____ (*parent / guardian*)

Date: _____