

# Administrative Procedures for Administering Medication to Students

Administration of medications will be permitted on school property only when medically necessary and under the direct supervision of appropriate staff members. The first dose of any newly prescribed medication should always be given at home. Please notify the school of any changes in the child's condition or medication. For the safety of our students, the following procedures will be followed:

- 1) If prescription medications are to be given at school, directions must specify the name of the medication, dosage, and the time to be given. The Supervision Medication Permission Form must also be signed by the parent or guardian of the student.
- 2) If non-prescription medications are to be given at school, the medication permission form must be completed and signed by the parent or guardian, indicating the name of medication, dosage, time to be given and the reason for the administration. Non-prescription medication can be administered no longer than three (3) consecutive days, after which time a completed medication permission form from a physician or other licensed prescriber must be provided.
- 3) All medication is to be brought to school by the parent or guardian in the original, properly labelled container. The information on the container must match the information on the medication permission form. Any change in the prescription requires a new permission form.
- 4) If a parent or guardian is unable to deliver the medication to the school, he/she **MUST CALL THE SCHOOL** to report that the medication is being delivered by the student. Be sure to send the medication permission form as well.
- 5) Children may self-administer non-prescription medication only with a completed medication permission form from the parent. This form must be on file with the school. **The student may only carry the dosage to be used at school that day**, in the original container.
- 6) Students with emergency medications, such as inhalers, epi-pens or insulin, may carry and self-administer these medications only if the written permission of a licensed prescriber and the parent is on file with the school. Parents of children needing such emergency medications are advised to contact **Cheryl Norman** so an action plan can be developed.
- 7) Parents must provide refills of medication. Parent requests to withhold or discontinue medication must be reported to the prescribing physician.
- 8) Medication not collected by the end of the school year will be discarded.
- 9) All non emergency medication must be handed directly to a staff member.

# Beechworth Primary School

## Medication Authority Form

for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from section 4.5 *Student Health* in the Victorian Government School Reference Guide: [www.education.vic.gov.au/referenceguide](http://www.education.vic.gov.au/referenceguide). Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MedicAlert Number (if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

**Please Note:** wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication required:				
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/topical/injection)	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

**Medication Storage**

Please indicate if there are specific storage instructions for the medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication delivered to the school**

Please ensure that medication delivered to the school:

Is in its original package

The pharmacy label matches the information included in this form.

## Self-management of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

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## Monitoring effects of Medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

### Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<b>Authorisation:</b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature: Date:
Contact details:
<b>Name of Parent/Carer or adult/independent student**:</b>
Signature: Date:

If additional advice is required, please attach it to this form

\*\*Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).