



Wollongbar Public School

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Principal: Jennifer Thomas



Education
Public Schools

Administering Medication at School Procedure

Administering Prescribed Medication at School

When a medical practitioner has prescribed medication for administration during the school day, parents and carers are responsible for:

- Informing the school.
- Keeping information up-to-date, including expiry dates on medications.
- Supplying the medication and any 'consumables' necessary for its administration.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication.

Administering medication is part of our common law duty of care to take reasonable steps to keep students safe while they attend school. Our duty of care is fulfilled through our staff members, who volunteer to administer prescribed medication.

Key points to remember:

- Parents and carers of children who require the administration of prescribed medication at school complete a written request (Appendix 1). The Front Office will provide a medication form to the parent or carer, or you can download a copy from our website. If you have difficulty in completing the medication form, the Office staff will assist you.
- Students must not carry medications unless there is a written agreement between the school and the student's parents or carers that this is a planned part of the student's health care support.
- Except in an emergency, only individual staff members who have volunteered and been trained will administer prescribed medication to students.

Administering Non-Prescribed Medication at School

In general, schools do not administer medication not specifically requested by a medical practitioner. In some cases, the medical practitioner may not write 'a prescription' for such medication because it may be available 'over the counter'. NSW Health advises that this does not mean that the medication is not potentially harmful and therefore the same procedures as for 'prescribed medications' should be followed.

- Parents and carers of children who require non-prescribed medication to be administered at school must complete a written request (Appendix 2). The Front Office will provide a medication form to the parent or carer, or you can download a copy from our website. If you have difficulty in completing the medication form, the Office staff will assist you.
- Students must not carry medications unless there is a written agreement between the school and the student's parents or carers that this is a planned part of the student's health care support.

Role of Parents and Carers in Student Health

It is the role of parents and carers to:

- Cooperate with the school on student health matters.
- Support their child's health.
- Inform the school of the health needs of their child when they enrol or when health conditions develop or change.
- Liaise with the child's medical practitioner about the implications of the child's health condition for their schooling.
- Where medication is prescribed, ask the medical practitioner whether the medication is available in a form which minimises or eliminates the need to provide the medication during the school day.
- Convey all relevant advice and information from the medical practitioner to the school.
- Complete a written request form (supplied by the school) for the school to administer prescribed medication or for other support.
- Provide prescribed medication and 'consumables' for administration by the school in a timely way and as agreed with the principal.
- Collaborate with the school in planning to support the child's health needs at school including updating information and reviewing plans.

Note:

Forms and information completed and/or supplied by parents will be stored securely.

It may be necessary for some information to be shared with staff in order for the school to provide support for the student.

Jennifer Thomas

Principal

Appendix 1

Request for Administering Prescribed Medication to a Student

Note: If your child is to take more than one prescribed medication, please attach a separate request for each medication.

Name of Child: _____

Class: _____

Name of Prescribed Medication: _____

Prescribed for (name of medical condition): _____

Prescribed dosage: _____

What are you requesting the school to do? _____

Special storage requirements, if any (e.g. refrigerator): _____

Special instructions for administering the prescribed medication/s, e.g. must be taken with food or with a glass of water: _____

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication? Yes No

If yes, what are the likely side effects from the prescribed medication? _____

Name of person who will carry the medication to school: _____

Request for other Support: _____

Parent or Carer Signature: _____ **Date:** _____

Privacy Notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. Information will be used by staff of NSW Department of Education to develop arrangements that best support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information at any time by contacting the Principal.

Appendix 2

Request for Administering Non-Prescribed Medication to a Student

Note: If your child is to take more than one prescribed medication, please attach a separate request for each medication.

Name of Child: _____

Class: _____

Name of Non-Prescribed Medication: _____

Prescribed for (name of medical condition): _____

Prescribed dosage: _____

What are you requesting the school to do? _____

Special storage requirements, if any (e.g. refrigerator): _____

Special instructions for administering the prescribed medication/s, e.g. must be taken with food or with a glass of water: _____

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication? Yes No

If yes, what are the likely side effects from the prescribed medication? _____

Name of person who will carry the medication to school: _____

Request for other Support: _____

Parent or Carer Signature: _____ **Date:** _____

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