



MARIST CATHOLIC SCHOOL

PROCEDURE: **Administration of medication**

Guidelines

1. No medication will be administered to a child without parental/ caregiver consent.
2. Office staff will administer prescription medication provided there is a written permission slip from the parents/caregivers and it is agreed to by the principal. – Forms available at the office.
3. Medication to be administered during the day will be held in a locked area of the school office. Staff administering medication will keep a record of the child's name, the drug administered, the date, time and staff signature.
4. Teachers may not administer medicines or non-prescription drugs sent to school.
5. A designated person will take responsibility on school camps for administering medicines.
6. Long-term use of medication will require written notification annually and a plan developed between parents/caregivers and the Public Health Nurse.
7. Children will not hold medicine in class with the exception of asthma inhalers.
8. The office will hold any Epipens for students with allergies.

Administration of Medicines at School

Child's name:

.....

Date of birth: Hub

No.....

Parent/Caregiver name:

.....

Daytime contact number: or

.....

My child requires the following prescription medication at school:

.....

....

Amount to be administered:

.....

.....

....

It needs to be taken at:(time) with food / without food (please indicate / strike out)

Start date: Finish date:

My child is taking this medication because he/she has

- I understand that my child is not permitted to keep medication in his/her school bag at any time and that all medication must be handed in to the school office
- I accept full responsibility for maintaining supplies, having my child's name, the name of the drug and the correct dose on the container, and that the supplies will not have passed the expiry date
- I give permission for a member of the school staff to administer the medication according to my child's needs as indicated above and accept that this may not be the same staff member each time.
- I accept that the school will take due care with the administration of this medication but I release the school and the school's staff from any responsibility associated with it
- I will inform the school in writing if there is any change in the above medication information
- The school will accept responsibility for keeping this information in a safe place.

Full name:

Signature: Date:

Approved by the Principal:

Signature: Date:

Administered:

(to be completed by staff member)

Date:	Time:	Staff member: