

Administering Medication for Students

At St Paul's our staff are committed to supporting students in our care, which will at times include administering medication. Arising out of this duty of care is the need to ensure the proper use and storage of medication and the ongoing training for staff.

These procedures reflect the requirements of the Catholic Schools Office's (CSO) Administering Medicines in Schools Policy and provide information for our school community to work together to ensure the safety of students and staff.

- **Schedule 2 and Schedule 3 Medications:** (**see table below*)

Should only be supplied by a parent or carer. Such medication must be in the original packaging with written instructions and clearly labelled with the name of the student and the name of the medication.

- **Schedule 4 and Schedule 8 Medications:** (**see table below*)

These must be obtained by prescription from a Medical Practitioner and supplied by a parent or carer. The parent or carer is also responsible for supplying any associated equipment needed for administration. Prescribed medication must be provided in pharmacy dispensed packaging (inclusive of Webster Packs) and clearly labelled with the name of the student, name of the prescribing medical practitioner, name of medication and the dosage and frequency to be given. Parents and carers need to provide written instructions about any special requirements for storage of medications indicated by their Medical Practitioner or Pharmacist.

- Medication provided by the child's parents/carers must adhere to the following guidelines:

- ❖ the administration of any medication is authorised by a parent/guardian/carers in writing
- ❖ medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
- ❖ the dosage of medication to be administered.
- ❖ medication is from the original container (Note: Medications supplied in Pharmacist Webster Paks® are acceptable)
- ❖ medication has the original label clearly showing the name of the child.
- ❖ medication is before the expiry/use by date.
- ❖ the Administration of Medication Record is completed for each child.
- ❖ a separate form must be completed for each medication if more than one is required.

<p>Schedule 2 Substances</p> <p>The safe use of which may require advice from a pharmacist but are available to the public without undue restriction. Schedule 2 medicines are labelled 'PHARMACY MEDICINE'. Examples include cough syrups, cold and flu tablets and many stronger painkillers.</p>	<p>Schedule 3 Substances</p> <p>The safe use of which requires professional advice in regard to dosage and frequency of administration, but which are available without a prescription. Schedule 3 medicines are labelled 'PHARMACIST ONLY MEDICINE'. Examples include Ventolin and insulin.</p>
<p>Schedule 4 Substances</p> <p>Restricted substances only available by prescription. Schedule 4 medicines are labelled 'PRESCRIPTION ONLY MEDICINE'. Examples include antibiotics.</p>	<p>Schedule 8 Substances</p> <p>Available only by prescription which has a therapeutic use in controlled circumstances. Restrictions apply to manufacture, supply, distribution and use to reduce abuse and physical or psychological dependence. Schedule 8 medicines are labelled 'CONTROLLED DRUG'. Examples include Ritalin.</p>

REQUEST FOR ADMINISTRATION OF PRESCRIBED MEDICATION (SCHEDULE 4 AND 8) TO A STUDENT



Request for Administering Prescribed Medication (Schedule 4 and 8) to a Student.

(To be completed by parent / guardian)

Irequest that my son/daughter

of classbe allowed to take medication at school under adult supervision

according to instructions from:

Prescribing Doctor:

Address:

.....

Phone

I give permission to the principal to obtain relevant information from the Prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medication.

Signed: Date:.....

(Parent/Guardian)

MEDICAL PRACTITIONER ADVICE TO SCHOOL (SCHEDULE 4 AND 8)

Section A

(To be completed by the parent/guardian)

The Principal of School seeks information which would assist the staff of the school in administering medication to my child.....
(name of child)

I hereby give my permission for the necessary information to be supplied to the school.

I understand that the information so disclosed may be discussed by the principal of the school with other members of the staff in order to assess the ability of the school to meet my child's medical requirements.

Signed: Date:.....
(Parent/Guardian)

Section B

(To be completed by a medical practitioner)

Medical condition(s) of the child requiring treatment:

1:

2

Medication to be administered during school hours:

For Condition (1,2 etc)	Name of Medication	Dosage Route	Frequency or Times of Admin	Before/After with/meals or not applicable

Signed: Date:.....
(Medical Practitioner)