

MEDICATION POLICY

OLMC Primary School Sunbury

Rationale:

- At Our Lady of Mount Carmel school we believe that Pastoral Care should be evident in all facets of the school. It is therefore important that requests by parents to administer medication for their children while at school are managed in a manner that is appropriate, ensures the safety of students, and fulfils the duty of care of staff.

Aims:

- As we are a caring Catholic community aiming to develop and promote the well being of every member of the school community it is vital that our aim is to ensure medications are administered appropriately to students in our care.

Implementation:

At Our Lady of Mount Carmel School:

- The Principal /Principal's delegate are responsible for administering prescribed medications to children. All medication will be administered in the presence of, and confirmed by, a second staff member.
- Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff without written authority from a parent/legal guardian
- All parent requests for prescribed medications to their child must be in writing. Medical request form must be completed.
- All student medications must be in the original containers, must be labelled, must have the quantity of tablets confirmed and documented, and must be stored in either a locked office first aid cabinet or refrigerator, whichever is most appropriate.
- Classroom teachers will be informed of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications.
- All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential medications register located in the school office by the Principal/Principal delegate
- Students involved in school camps or excursions will be administered prescribed medications by the 'Teacher in Charge' in a manner consistent with the above procedures, with all details recorded. Completed pages will be returned to the official medications register on return of the excursion to school

MEDICATION INFORMATION FORM

OLMC Primary School Sunbury

TODAY'S DATE

CHILD'S SURNAME

CHILD'S FIRST NAME

CHILD'S CLASS

DATE RANGE OF MEDICATION FROM: TO:

I request that my child be administered the following medication whilst at school as prescribed by the child's medical practitioner.

Name of Medication	1. <input style="width: 95%; height: 25px;" type="text"/>	2. <input style="width: 95%; height: 25px;" type="text"/>
Dosage	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Time to be administered	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

.....
(Parent Name)

.....
(Parent Contact Phone Number)

<i>Office Use Only</i>			
Date	Time	Signed	Witness