



Administering of Medication Policy

Arising from the duty of care that schools owe their students, there will be occasions where the administration of medication will be necessary to support the health and well being of students during the course of the normal school day.

Medication may be necessary for reasons of health or to assist learning or to modify behaviour.

Policy guidelines apply only to oral medication.

NO MEDICATION WILL BE GIVEN WITHOUT THE WRITTEN PERMISSION OF A PARENT OR GUARDIAN.

Medication must be supplied by parents in the **original container, clearly marked** or in a **weekly medication dosage box** available from the chemist with:

- The students name
- The name of the drug
- The recommended dosage
- The frequency of administration
- The prescribing doctors name

The First Aid Officer or staff member, will only administer the medication according to the instructions stated.

Medication will be kept in a locked cupboard in the First Aid Room or School Office.

Parents are responsible for having adequate medication supplied - **NOT THE SCHOOL**

If medication has been inadvertently forgotten to be administered, the school will contact the parent/guardian and inform them of this so that any necessary action may be taken.

OCCASIONAL MEDICATION

ANTIBIOTICS

Parents may request that their child be given medication such as antibiotics, for a short period of time. The same procedure applies as above.

PAIN RELIEF

Parents sometimes request that pain relief in the form of panadol be given to their child. This is only done in exceptional circumstances and when verbal or written permission has been given by the parent/guardian. Whenever possible the parent should supply the pain relief medication and follow the same procedure as above. The school can only provide panadol in tablet form.

Date of Implementation	2015
Date of Last Review	April 2022
Date of Next Review	February 2024

St Patrick's School Lithgow



Cnr Mort & Lithgow Sts
Lithgow. 2790
Phone: (02) 6351 3719
FAX: (02) 6353 1731
stpatslithgow@bth.catholic.edu.au

Medication in Schools - Administration

PARENTS REQUEST FORM

The completed form is to be kept on file by the Principal.

I _____ parent/guardian of _____
a student of St. Patrick's School in Year _____ request that my child be administered
the following medication at school by an adult as designated by the Principal in accordance
with the school's First Aid Policy.

**I accept full responsibility in delegating administration of the medication to the
school.**

The medication to be administered was prescribed by Dr. _____
on _____ (date) with the following directions:

Dosage: _____

Times for administration: _____

Other directions/precautions: _____

Signature of parent/carer: _____

Date: _____



St Patrick's School
Cnr Mort & Lithgow Streets
LITHGOW NSW 2790

MEDICAL ADVICE TO SCHOOL

To be completed by Prescribing Doctor

Student's Full Name: _____

1. Medical condition(s) of the child requiring regular treatment:

2. Essential medication requiring administration during school hours:

MEDICATION DETAILS					
Condition Name	Medication Name	Dosage	Time/s of Admission	Special Instructions	Self-Admin (Yes/No)

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in crisis situation:

5. Additional comments:

Signed: _____ Date: _____

Prescribing Doctor

St Patrick's School Lithgow



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The medication to be administered was prescribed by Dr. _____
on _____ (date) with the following directions:

Dosage: _____

Times for administration: _____

Other directions/precautions: _____

Signature of parent/carer: _____

Date: _____



St Patrick's Primary School

PO Box 3026, LITHGOW NSW 2790

Phone: (02) 63513719 Fax (02) 63531731

Administration of Medication at School
Parents Request Form

The completed form is to be kept on file by the Principal

I am the responsible parent/guardian of _____

a pupil in year _____ at St. Patrick's Primary School Lithgow.

I hereby request the Principal to provide for administration of medication to

_____ during school hours.

I accept full responsibility in delegating administration of the medication to the School.

The medication to be administered was prescribed by:

Dr. _____ on _____ (date)

with the following directions:

Dosage: _____

Times of administration: _____

Type of medication (name) _____

Medications should be labelled with the child's name, dosage and times of administration clearly written, when handed to the School.

Signed: _____ Date: _____