



The Ela Murray International School

Medical Policy

Arising from the duty of care that schools owe to their students, there will be occasions when the administration of medication is necessary to support students during the course of a normal school day or in school activities outside of normal school hours.

While children may require medication for reasons of health, sometimes medication will be necessary to assist learning or to modify behaviour.

Once it has been established that a student has a need for medication, it is important that school personnel responsible for administering medication do so in accordance with a previously determined Action Plan. The Action Plan should be developed to reflect the essential elements of the paragraphs that follow, as well as local circumstances such as resources of a particular school.

It is also important that school staff responsible for administering medication are appropriately in-serviced and that staff generally are periodically reminded of the school's policy guidelines for dispensing medication.

A set of 6 Notification/Permission slips has been prepared to assist in the administration of medication.

It should be noted that the policy guidelines which follow apply only to oral medication.

In the case of antibiotics, common sense dictates that it is not practical to require all 6 Notification/Permission slips to be completed. Principals should use their discretion in this regard but again, should include reference to the administration of antibiotics in the previously mentioned school's Action Plan.

Administration of Non-prescribed Medication

- No medication should be given to a child without the **written permission** of a parent/guardian.
- Parents should be discouraged from providing children with medication at school, unless on **Doctor's advice**.
- All medication should be kept in a **central location** (e.g. office of school secretary), **clearly labelled** with all **relevant information** for the child for whom it has been provided.
- Parents should be regularly informed of the **school's policy** in regard to the administration of medication.
- It is the responsibility of the Principal to ensure that a **Medication Register** is established and maintained within the school. The Register should provide the following information: date, time, name of student, type of medication, dosage and the name of the person administering the medication.

Administration of Prescribed Medicine

- No medication should be given to a child without the **written permission** of a parent/guardian
- Parents should be discouraged from providing children with medication at school, unless on **Doctor's advice**.
- Medication must be supplied by parents in the **original container, clearly marked** with the student's name, the name of the drug, dosage, frequency of administration and prescribing doctor's name.
- Appropriate **equipment for administration**, eg. medication measures, should be supplied by parent/guardian.
- All prescribed **medication must be kept under lock and key** in the agreed central location within the school until the time of administration.
- Prescribed medication required by students **must be accessible** to them as and when required both at the school campus and whilst on excursions, sports days, camps etc.
- The Principal, after consultation with staff, will nominate **at least two members of staff** who generally will be responsible for the administration of medication in the school.
- Where possible, no member of the school staff should administer medication to a student unless the **nature and dosage of the medication and the identity of the student have been checked** by a second adult person, to ensure that the medication is in accordance with the directions given by the student's parent or guardian. Particular attention should be paid to these requirements when students are working **outside the usual classroom** situation (e.g. whilst on excursion).
- The school should have a written procedure to ensure that students requiring prescribed medication attend at the appropriate time and place for their medication.
- It is the responsibility of **designated staff** and the **class teacher** to ensure that all students attend at the appropriate time and place for their medication.
- The school procedures should make provision for changes occurring in the medication being prescribed for a particular student.
- As for non-prescribed medication, details of the administration of **prescribed** medication should be entered in the **Medication Register**.

Emergency Action Plan

- A separate **Action Plan** devised by a student's doctor should be available for those students who may require emergency assistance (e.g. severe asthma attack, epileptic fit).
- All teachers should be adequately trained in the administration of medication in **emergency situations** which are likely to arise in the school, especially where it is known that a student has a particular medical condition or serious allergy.

Necessary Documentation

Because of the unique issues involved in the area of school medication and the strict nature of the responsibilities of involved adults, it is essential that the following documentation, samples of which are appended, is prepared and kept current:

- Letter of Explanation to Parents (refer sample)
- Medication Register (refer sample)
- **Forms 1-6** as specified below

Form 1	Notification and Request by Parent/Guardian for the Administration of Medication During School Hours
Form 2	Deed of Indemnity
Form 3	Request to prescribing Doctor for medical details including Permission for Release of Information
Form 4	Medical Advice to School (to be completed by prescribing Doctor)
Form 5	School Acknowledgement of Request to Administer Medication
Form 6	Notification of Change of Medication

Additionally, a **Medication Action Plan** should be determined and documented by a student's doctor.

Parent Responsibilities

Parents must recognise they have a responsibility to assist the school by:

- Updating medication details immediately there is any change to the information already provided.
- Updating parent contact details and/or family doctor details immediately
- Ensuring that prescribed or non-prescribed medication is not brought into the school by their child without the knowledge of the school. **No medication is to be brought to school in a concealed form.**
- Educating their child as fully as possible in the correct administration, dosage, frequency and circumstances surrounding their medication.
- Requesting their doctor to prescribe, where possible, medication (when required for a chronic condition) which can be administered before and after school hours.

- Recognising the school needs to accurately and quickly advise hospital or medical personnel of medication details in the event of an accident or emergency.
- Recognising the potential danger of undisclosed medication to other students in the school. Parents should recognise they may be held liable by law for any injury caused to another child by their failure to disclose medication carried by their child.
- For medications which are not oral and require a degree of knowledge in administering (e.g. insulin injections) parents are requested, where possible, to attend the school to administer such medication.

Insert Date

LETTER OF EXPLANATION TO PARENTS

Dear *Insert title of parent/guardian*

Please find attached the Forms that need to be completed so that medication can be administered to your child during the school day.

These forms comply with the procedure recommended by the Catholic Education/Schools Office and have been designed to ensure the safety of your child and to protect the school staff who do not have medical training.

Forms 1 & 2 are to be completed by you. Form 3 also requires you to complete the relevant details and signature. Please return all three forms to the school. On receipt of the completed forms contact will be made with the Doctor seeking the information noted on Form 4. A copy of Form 4 has been included only for your information. You do not need to complete any details on this form.

I am aware that this may seem a complicated process but please be assured that the school will give you every assistance in this matter.

In this instance, and as an interim measure only, we will undertake to administer medication to your child without the required documentation until (to be commenced in 2001)

Please do not hesitate to contact me if I can be of further assistance to you.

Yours sincerely,

Principal

Notification and Request by Parent/Guardian for the Administration of Medication During School Hours

To be completed by Parent or Guardian

I request that my child:

Full Name of Student

Be allowed to take medication as school according to instructions from:

Full Name of prescribing Doctor

Address and phone number of prescribing Doctor

The medication has been prescribed for the following reason:

I hereby 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 medicine. I agree to indemnify the School and related parties on the terms of the attached Deed of Indemnity.

Signed: _____

Date: _____

Parent/Guardian

Deed of Indemnity

In consideration of the members of staff of:

The Ela Murray International School

At my request administering medication to my son/daughter:

Full Name of Student

I hereby indemnify and agree to keep indemnified the Catholic Education /Schools Office and its employees and agents, and

The Ela Murray International School

and its employees and agents, including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said: _____

Parent/Guardian

In the presence of:

Signature of Witness

Name of Witness (please print)

**Request to Prescribing doctor for Medical Details
Including Permission for Release of Information**

Dear _____

Name of Prescribing Doctor

Initial and Surname of Parent/Guardian

Of: _____

Address

has informed me that his/her child:

Full Name of Student

requires the administration of medication during school hours.

Please complete the details on the form attached to assist the school staff to ensure that the student named above receives the necessary attention.

You will note (see below) that the Parent/Guardian has given permission for the information to be released.

Yours sincerely,

Principal

Date: _____

I _____

Parent/Guardian

Hereby give permission for the release of information to the Principal of The Ela Murray International School.

Signed: _____ Date: _____

Parent/Guardian

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 Admin	Special Instructions	Self-Admin (Yes/No)

3. Recommended restrictions on participation in school activities (eg. Sport, use of tools or machinery):

4. Recommended procedure in crisis situation:

5. Additional comments:

Signed: _____

Date: _____

Prescribing Doctor

Insert Date

FORM 5

**School Acknowledgement of Request
To Administer Medication**

Dear _____

Name of Parent/Guardian

I have considered your request to administer medication to your child:

Full Name of Child

The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a lay person without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration and to ensure its immediate replenishment after use, or when it requires replacement.
2. The attached form must be completed before any changes to the medication and its administration can be implemented.
3. I understand that the information provided by you and the prescribing doctor may be discussed by the Principal with other members of the school staff.

Yours sincerely

Principal

Notification of Change to Medication

To be completed by Parent/Guardian

Name of Student _____

Name of Prescribing Doctor _____

Reason for Change _____

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

Signed: _____

Date: _____

Parent/Guardian

