



Hamlyn Views School

# Distribution of Medication Policy

## 1. PURPOSE

Teachers and schools are often asked by parents/guardians to administer medication to students while at school. It is important that such requests are managed in a manner that is appropriate, ensures the safety of students, and fulfils the “duty of care” of staff.

## 2. AIMS

- a. To ensure the medications are administered appropriately to students in our care.
- b. To ensure the medications are stored appropriately at school.

## 3. IMPLEMENTATION

- a. Students who are unwell should not attend school.
- b. Class staff members are responsible for administering prescribed medications to students.
- c. Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff without written authorisation from the family.
- d. All parent requests for staff to administer prescribed medications to their child must be in writing and must be supported by specific written instruction (**Medication Authority Form-Appendix A**) including dosage and time to be administered (original medications bottle or container should provide this information).
- e. All student medications must be in the original containers or a Webster-pack, must be labelled and must be stored in either the locked medicine cabinet or office refrigerator, whichever is most appropriate.
- f. Student medications given from the original container will be recorded in the appropriate medication record at the time of administering. (**Appendix B**) The record will be securely stored with the medication. Completed records will be returned to the central filing system.
- g. All students with a documented Asthma or Anaphylaxis Management Plans will have access to Ventolin, a spacer or epipen at all times.

## 4. REFERENCES

- a. HVS 'Students with Significant Health Needs' Policy

## 5. EVALUATION

This policy will be reviewed as part of the school's four yearly review cycle.

**This DRAFT Policy was ratified in 2018.**  
**Date for next review: 2022**

Hamlyn Views School

# Medication Authority Form

for a student who requires medication  
whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA): <http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MedicAlert Number (if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication required:				
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/topical/injection)	Dates
				Start date:    /    /  End Date:     /    /  <input type="checkbox"/> Ongoing medication

HVS has zero tolerance for any form of child abuse

				Start date: / /  End Date: / /  <input type="checkbox"/> Ongoing medication
				Start date: / /  End Date: / /  <input type="checkbox"/> Ongoing medication
				Start date: / /  End Date: / /  <input type="checkbox"/> Ongoing medication

**Medication Storage**

Please indicate if there are specific storage instructions for the medication:

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## Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form.

## Self-management of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

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## Monitoring effects of Medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

### **Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<b><u>Authorisation:</u></b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature: Date:
Contact details:

<b>Name of Parent/Carer or adult/Mature minor**:</b>
Signature: Date:

If additional advice is required, please attach it to this form.

\*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).

# MEDICATION ADMINISTRATION LOG

This log has been developed as a suggestion only, to assist the Principal/or nominee when administering the taking of medication. This log, or equivalent official medications register, should be completed by the person administering the taking of medication.

Name of student: \_\_\_\_\_ Year level: \_\_\_\_\_

Family Name (please print)

Date (Day, month and year)	Time	Name of Medication	Tick When Checked (✓)				Comments	Name of staff (Please print & initial)
			Right Child	Right Medication	Right Dose	Right Route <small>(oral/inhaled)</small>		

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**Record for cross-checking:** It is recognised that in many specialist school settings medication is administered using a system of two staff members checking the information noted on this log. This is an appropriate added safety measure and seen as good practice.

Name of Medication:	Prescribed Dose: