

Dear Parent/Carers:

I would like to seek your assistance in establishing a process for managing the administration of medication to students when they are in the school's care. Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

Short Term Use of Medication (up to two weeks)

For administration of **short term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing a **Request to Administer Medication** form.

Note:

- The medication must be clearly labelled with the child's name and provided with packaging from the pharmacy or the manufacturer.
- Medication is to be within the expiration date.
- Documentation must be signed and dated by a parent or carer and provided to the school with the medication.
- School staff are not authorised to cut tablets in half.

Long Term Use of Medication

If you require the school to administer medication to your child for a period of more than two weeks you will need to complete a **Student Health Care Summary** and a **Request to Administer Medication** form.

If your child requires medication on a daily basis we administer this at 10.50am or 1.10pm. Please indicate to the form which time you would like.

Please note, medication will need to be handed to an **Associate Principal** via the front office.

Thank you for your help.
Yours sincerely

Mr Dane Franklin

Principal

REQUEST TO ADMINISTER MEDICATION

REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF THE SCHOOL <small>(Note: Medication must be provided by parents/carers)</small>	
STUDENT'S NAME: DOB: FORM/CLASS:	
NAME OF MEDICATION:	
DOSE/FREQUENCY (MAYBE AS PER PHARMACIST'S LABEL):	
TIME TO BE ADMINISTERED:	10.50AM or 1.10PM
EXPIRY DATE OF MEDICATION:	
DATES of ADMINISTRATION:	FROM: / / 20__ TO: / /20__
STORAGE REQUIREMENTS: (E.G. REFRIGERATOR)	
NAME OF PARENT:	
PARENT/CARER SIGNATURE: DATE:	