



St. Bernadette's Catholic Primary School

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Principal: Mr Steve Gibbs

STUDENT MEDICATION

Dear Parents,

Attached is a copy of forms required for the administering of student medication. Please disregard any previous forms, and retain these new forms, so if the need arises for medication to be administered you will be aware of the documentation required. **All forms must be completed in full and forwarded to the office.** Prescribed medication is to be handed in at the office. **All prescribed medication must be in original packaging and clearly marked with the student's name.** Students requiring medication for asthma, diabetes, epilepsy, ADHD, allergies, bee stings, etc. should complete this form as soon as possible.

For prescribed medication, it is important that the Doctor prescribing the medication is aware that school staff will administer or supervise the administration of medication to students. The doctor is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication. **If the 'Prescribed Medication Permission Form' is not completed at the time of visiting the doctor, the parents/guardians have 3 full school days to complete the form and hand it to the school, otherwise administering of the medication will cease.** When a 'Prescribed Medication Permission Form' has not been completed a 'Student Medication Request/Record Form' needs to be completed. **This form is only valid for 3 full school days.**

After full consultation and agreement with the School Board, St Bernadette's staff will not either: a/ supervise the administering of non-prescribed medication or b/. administer non prescribed medication. If parents feel they need to administer non-prescribed medication, they will need to do so immediately prior to school, or organise to administer it themselves in person. As a general rule, if a student is ill enough to require medication they probably either need to stay home or go to a Doctor to seek medical assistance.

Non-prescribed medication includes analgesics, pain suppressants (e.g. Aspirin and Paracetamol), cough suppressants and any medicine obtained without a Medical Doctor's authorisation. They can have undesirable side-effects. Aspirin must never be administered to a student without a medical practitioner's written permission.

Prescribed medication should only be sent to school if administration is required more than three times a day or specific times have been requested by the prescribing doctor. **Whenever possible, student medication should be administered by the student, or be administered by the parent/guardian, at home in times other than school hours.** Whilst every effort is made to ensure administration of prescribed medication is done within CEOWA guidelines, the school does not accept any responsibility for the administration of medication.

Yours sincerely,

Steve Gibbs
Principal



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PRESCRIBED MEDICATION Permission Form

STUDENT NAME: _____ DATE OF BIRTH: _____

MEDICAL CONDITION: _____

These instructions are requested from the prescribing doctor to enable the school to maintain its duty of care when administering prescribed drugs to students whose condition would otherwise preclude attendance at school.

Doctor: _____

Address: _____

Telephone: _____ **Fax:** _____

DOCTOR TO COMPLETE:

I have prescribed the drug _____

for _____ to treat the condition of
(Name of student)

This drug needs to be administered _____
(Dose) (Frequency/time)

Are special arrangements necessary to administer the drug or monitor the student after drug administration? Yes No

If so, please provide details below:

Signature of prescribing doctor

Date

*Note to parents: If this section is not completed at the time of visiting the doctor, the parents have 3 full school days to complete this form and hand it to the school, otherwise administering of the medication **will cease**.*

Principal Signature



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STUDENT MEDICATION REQUEST/RECORD

Where possible student medication should be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, before the Principal approves school staff to administer prescribed medication to students, the following requirements must be met.

1. The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students.
2. The doctor is to provide **in writing** any additional information to staff regarding special requirements that may exist for the administration of the medication.

Prescribed student medication is to be presented to the school office.

The medication must be in original packaging (showing dosage and Frequency of administration) and placed in a resealable plastic bag or container with the student's name CLEARLY MARKED.

I _____ being the parent/guardian of student _____ request that a staff member administer a the following medication as prescribed by Doctor _____ for the purpose of treating _____ (Condition)

Name of medication: _____
 Dose: _____
 Time to be taken: _____
 Comments: _____

Signature of parent/guardian: _____

Date: _____

ONLY VALID FOR 3 FULL SCHOOL DAYS

Expires _____