Medication Policy

2025

395 Ballarto Road Skye 3977

Medication Policy

Created: 15/10/2025

Review: 15/10/2028

Help for non-English speakers

If you need help to understand the information in this policy, please contact Skye Primary School administration either via telephone: 03 9786 1555 or email. skye.ps@education.vic.gov.au

PURPOSE

To explain to parents/carers, students and staff the processes Skye Primary School will follow to safely manage the provision of medication to students while at school or school activities, including camps and excursions.

SCOPE

This policy applies to the administration of medication to all students. It does not apply to:

- the provision of medication for anaphylaxis which is provided for in our school's Anaphylaxis Policy
- the provision of medication for asthma which is provided for in our school's Asthma Policy
- specialised procedures which may be required for complex medical care needs.

POLICY

If a student requires medication, Skye Primary School encourages parents to arrange for the medication to be taken outside of school hours. However, Skye Primary School understands that students may need to take medication at school or school activities. To support students to do so safely, Skye Primary School will follow the procedures set out in this policy.

Authority to administer

If a student needs to take medication while at school or at a school activity:

- Parents/carers will need to arrange for the student's treating medical/health practitioner to provide written advice to the school which details:
  - the name of the medication required
  - the dosage amount
  - the time the medication is to be taken
  - how the medication is to be taken
  - the dates the medication is required, or whether it is an ongoing medication
  - how the medication should be stored.
- In most cases, parents/carers should arrange for written advice to be provided in a Medication Authority Form which a student's treating medical/health practitioner should complete.
- If advice cannot be provided by a student's medical/health practitioner, the Principal (or their nominee) may agree that written authority can be provided by, or the Medication Authority Form can be completed by a student's parents/carers.

- The Principal may need to consult with parents/carers to clarify written advice and consider student's individual preferences regarding medication administration (which may also be provided for in a student's Student Health Support Plan).

Parents/carers can contact Belinda Schodde – School Nurse for a Medication Authority Form.

Administering medication

Any medication brought to school by a student needs to be clearly labelled with:

- the student's name
- the dosage required
- the time the medication needs to be administered.

Parents/carers need to ensure that the medication a student has at school is within its expiry date. If school staff become aware that the medication a student has at school has expired, they will promptly contact the student's parents/carers who will need to arrange for medication within the expiry date to be provided.

If a student needs to take medication at school or a school activity, the Principal (or their nominee) will ensure that:

1. Medication is administered to the student in accordance with the Medication Authority Form so that:
    - the student receives their correct medication
    - in the proper dose
    - via the correct method (for example, inhaled or orally)
    - at the correct time of day.
2. A log is kept of medicine administered to a student
3. Where possible, two staff members will supervise the administration of medication
4. The teacher in charge of a student at the time their medication is required:
    - is informed that the student needs to receive their medication
    - if necessary, release the student from class to obtain their medication.

Self-administration

In some cases, it may be appropriate for students to self-administer their medication. The Principal may consult with parents/carers and consider advice from the student's medical/health practitioner to determine whether to allow a student to self-administer their medication.

If the Principal decides to allow a student to self-administer their medication, the Principal may require written acknowledgement from the student's medical/health practitioner, or the student's parents/carers that the student will self-administer their medication.

Storing medication

The Principal (or their nominee) will put in place arrangements so that medication is stored:

- securely to minimise risk to others
- in a place only accessible by staff who are responsible for administering the medication
- away from a classroom (unless quick access is required)
- away from first aid kits
- according to packet instructions, particularly in relation to temperature.

For most students, Skye Primary School will store student medication at Sickbay.

The Principal may decide, in consultation with parents/carers and/or on the advice of a student's treating medical/health practitioner:

- that the student's medication should be stored securely in the student's classroom if quick access might be required
- to allow the student to carry their own medication with them, preferably in the original packaging if:
    - the medication does not have special storage requirements, such as refrigeration
    - doing so does not create potentially unsafe access to the medication by other students.

Warning

Skye Primary School will not:

- in accordance with Department of Education and Training policy, store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the student's parents, carers or health practitioner
- allow use of medication by anyone other than the prescribed student except in a life threatening emergency, for example if a student is having an asthma attack and their own puffer is not readily available.

Medication error

If a student takes medication incorrectly, staff will endeavour to:

Step	Action
1.	If required, follow first aid procedures outlined in the student's Health Support Plan or other medical management plan
2.	Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student
3.	Act immediately upon their advice, such as calling Triple Zero "000" if advised to do so
4.	Contact the student's parents/carers or emergency contact person to notify them of the medication error and action taken
5.	Review medication management procedures at the school in light of the incident

In the case of an emergency, school staff may call Triple Zero "000" for an ambulance at any time.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Included in staff induction processes
- Available publicly on our school's website
- Included in transition and enrolment packs
- Included as annual reference in school newsletter
- Included in our staff handbook/manual

- Discussed at staff briefings/meetings as required
- Discussed at parent information nights/sessions
- Made available in hard copy from school administration upon request.

FURTHER INFORMATION AND RESOURCES

The Department's Policy and Advisory Library (PAL):

- Medication Policy
- First Aid for Students and Staff Policy
- **Appendix A** – Skye Primary School short term authorisation to administer medication form
- **Appendix B** – Skye Primary School long term authorisation to administer medication form
- **Appendix C** – Skye Primary School camp/excursion authorisation to administer medication form

POLICY REVIEW AND APPROVAL

Policy last reviewed	15.10.2025
Approved by	Tim Bernau - Principal
Next scheduled review date	15.10.2028

APPENDIX A:

SHORT TERM MEDICATION REQUEST AND AUTHORITY

395 Ballarto Rd

Skye, Victoria 3977
Ph: 03 9786 1555
skye.ps@education.vic.gov.au

Short-term medication is recognised as any medication to be administered during school hours for more than one day but no longer than 10 consecutive school days.

Notification and request by parent/guardian/carer for the administration of medication during school hours, administered by school nominated staff.

Name of student:_____

(please print)

Date of birth:_____ Age:_____ Students class:_____

(dd/mm/yyyy)

Please:

- Complete all sections of this form
- Schedule medication outside school hours wherever possible
- The first ever dose of this medication is NOT to be administered by school staff; it is not the responsibility of school staff to monitor for adverse drug reactions
- The term "medication" includes all prescription, non-prescription over the counter medicines, analgesics such as panadol, creams, herbal sprays, drops, tablets etc.
- Medication will not be kept with your child unless prior permission is obtained from the Principal

Administration & Medication		
Name of medication:		Expiry:
Dose:	Time/s:	Route: *(oral, nasal, inhaled, injected etc.)*
Commencement date:	Completion date:	Review date:

Additional notes or comments:

I parent/guardian/carer:_____with “legal” responsibility for the above student, give permission for my son/daughter/child to be administered the medication/s listed as instructed during school hours.

Relationship to student:_____

Signed:_____Date:_____

APPENDIX B:

LONG TERM MEDICATION REQUEST AND AUTHORITY

395 Ballarto Rd

Skye, Victoria 3977
Ph: 03 9786 1555
skye.ps@education.vic.gov.au

*For students with Asthma an *Asthma foundation, school management plan* required.

*For students with Anaphylaxis an *ASCIA Action plan for Anaphylaxis* is required instead of this form.

Notification and request by parent/guardian/carer for the administration of long-term medication during school hours. **This form MUST be taken to your medical practitioner to be completed, and returned to the school before any medication can be administered to your child during school hours.**

Name of student:_____

(please print)

Date of birth:_____ Age:_____ Students class:_____

(dd/mm/yyyy)

PLEASE READ CAREFULLY

- **Section A** if for Medical Practitioner to complete
- **Section B** is for parent/guardian/carer to complete
- Complete all sections of this form
- Schedule medication outside school hours wherever possible
- The first ever dose of this medication is NOT to be administered by school staff; it is not the responsibility of school staff to monitor for adverse drug reactions
- The term "medication" includes all prescription, non-prescription over the counter medicines, analgesics such as panadol, creams, herbal sprays, drops, tablets etc.
- Medication will not be kept with students unless prior permission is obtained from the Principal
- Be specific: **As needed** or **PRN** is not sufficient direction.

Section A (to be completed by Medical Practitioner ONLY)	
Medical Practitioners name:	OR attach official letter
Address:	

Phone number:			
Name of medication:			Expiry:
Dose:	Time/s:	Route:	
Commencement date:	Completion date:	Review date:	
Additional notes or concerns: **MEDICAL PRACTIONER**	(for medical practitioner) Signature not required if official letter attached signature		Date:

Section B (for parent/guardian/carer)

Note: A new long-term medication request and authority form must be completed:

- If the dose or type of medication is altered or changed.
- If the regime is restarted or continued following the conclusion date of the instructions from the medical practitioner.
- At the beginning of each new calendar year.

I parent/guardian/carer:_____with "legal" responsibility for the above student, give permission for my son/daughter/child to be administered long-term medication listed by their medical practitioner as instructed during school hours by nominated staff at Skye primary school.

Relationship to student:_____

Best contact phone number:_____

Signed:_____Date:_____

APPENDIX C:

MEDICATION AUTHORITY FORM

For students requiring medication on school camps

Skye Primary School, 395 Ballarto Road, Skye Victoria 3977
Authority to administer medication

Name of Student:_____

Date of Birth:_____ Age:_____Class:_____

Medication to be administered:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/ injection)	Description of tablet? (colour/stamps etc)	Dates to be administered	Supervision required
1.					Start: / / End: / /	☐ remind ☐ observe ☐ assist ☐ administer
2.					Start: / / End: / /	☐ remind ☐ observe ☐ assist ☐ administer
3.					Start: / / End: / /	☐ remind ☐ observe ☐ assist ☐ administer
4.					Start: / / End: / /	☐ remind ☐ observe ☐ assist ☐ administer
5					Start: / / End: / /	☐ remind ☐ observe ☐ assist ☐ administer

Medication delivered to sickbay/administration office

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

_____

_____

_____

The term 'Medication" includes all prescription, non-prescription over the counter medicines, analgesics such as paracetamol, creams, herbal sprays, drops, cough medicine/lollies etc. Student medication will not be kept with them unless prior permission is obtained from the Principal or their nominee.

Please ensure that medication delivered to the school is:

- ☐ Is in its original package, please only send the correct amount of medicine
- ☐ The pharmacy label matches the information included in this form
- ☐ Include this signed authority form in a clear labelled ziplock bag with the medication

For students with asthma, their *Asthma Australia's School Asthma Action Plan* will be followed

For students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis will be followed

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

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____Date: _____

FOR OFFICE USE ONLY

Medication received: YES/NO Date received:_____

Staff member name: _____

Medication 1	Medication 2	Medication 3	Medication 4	Medication 5

Confirm quantity received:

Staff signature: _____

Parent/Guardian signature: _____