1. **Rationale**
As well as the professional obligation a teacher owes students, there is also a legal duty of care in regard to the health and wellbeing of students.

Many students require medication to control illnesses on a long-term or short-term basis.

There is a need for the whole school community (staff, parents and students) to be aware of the correct procedure for the administration of oral medication during school hours.

2. **Aims**
2.1 To support the health and wellbeing of students whilst at school by providing assistance and supervision from Administrative staff to ensure that medication is correctly dispensed.

2.2 To ensure that staff and the school community are familiar with, and understand the correct procedure for administering oral medication to students during school hours.

3. **Implementation**
3.1 Upon enrolment at Williamstown North Primary School, a copy of the “Oral Medication (Conventional and Alternative)” form will be given to Parents/Guardians.

3.2 The Oral Medication proforma will be published in the school Newsletter at the beginning of each Term.

3.3 Additional copies of the Policy and the Oral Medication proforma will be available from the General Office as well as the School Website.

3.4 Any medication received by a teacher must be forwarded to the General Office.

3.5 Medication will be stored in a secure location in the General Office, except for self-administering Asthma medication.

3.6 The School’s designated “First Aider”, will administer medication to students whilst on the school premises. When the school’s designated “First Aider” is not on site, medication will be administered by the Administrative Staff. Teachers with First Aid training may administer medication to students while on Excursion or Camps.
3.7 Medication will not be dispensed if written instructions, as noted on the attached ‘Oral Medication proforma’ (see Appendix 1), have not been provided by the Parent/Guardians. Where information is not provided, the Parent/Guardian is contacted, and a copy of the form sent home for future reference.

3.8 The date, time and dosage of the medication that has been dispensed must be noted in the Oral Medication Register, kept in the General Office.

3.9 The person administering the medication must sign and date each entry. A second person will check the medication or dosage before it is administered to the child.

3.10 Where medication is to be given three times a day, parents/guardian will be encouraged to do this, where possible, in the morning, in the afternoon after school and in the evening. This will avoid the need for Parent/Guardian to send medication to school.

3.11 The school will provide a Level 2 First Aid Teacher/Staff member on each Camp/Tour. This teacher will be the designated First Aid Officer for the duration of the Camp/Tour.

3.12 At least one Staff member (teacher or Ed Support Staff) in each PLT level will be trained at Level 2 First Aid. This will provide a qualified Level 2 First Aider to be in attendance on Excursions and Camps.

3.13 The only circumstance where a child can self administer medication, is where a child suffering from asthma, has an up-to-date ‘Asthma Management Plan’. The Asthma Management Plan must be registered with the school, stating that the child is able to self administer ‘Reliever Asthma Medication’, such as ‘Ventolin’. Asthma medication will be kept in the child’s bag/locker for the child to self administer, provided that an Asthma Management form has been received by the school from the Parent/Guardian.

4. Review
The Oral Medication (Conventional & Alternative) Policy will be reviewed annually.

This Policy was ratified by School Council on 31st May 2011.
Appendix 1
WILLIAMSTOWN NORTH PRIMARY SCHOOL No 1409

Oral Medication (Conventional and Alternative) during School Hours

Return Slip to School

Child’s Name________________________________________ Date: _____ / _____ / _____
Child’s Teacher ______________________ Year Level _______________
Date/s of Medication to be administered ____________________________________________
Name of Medication______________________ Medication Expiry Date ____ / ____ / ____
The type of dose to be administered e.g. mls/puffs/tablets ____________________________________________
Time/s Medication is to be administered ____________________________________________
Parent/Guardian Name ______________________________________________________________
Signature of Parent/Guardian ____________________________
Parent/Guardian Contact: Phone (BH) ___________ (H) ___________ (M) ___________

Please Note:
▪ Where medication is required to be administered “three times” a day, we request (where possible) this be administered at home at breakfast time, immediately after school and in the evening. This is a recommendation by the Royal Children Hospital.
▪ We request all parents check with their child that their ‘medication’ (as detailed above) was given at school.
▪ Unused medication must be collected from the Office by the Parent/Guardian.
▪ Please contact the school if your child did not receive their medication.

Send this section to your child’s classroom teacher.

Administering Medication – Teachers Note

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child’s medication is at the Office and is required to be administered at: -</td>
<td></td>
</tr>
<tr>
<td>☐ Recess Time</td>
<td></td>
</tr>
<tr>
<td>☐ Lunch Time   (Please ✓ Tick appropriate box)</td>
<td></td>
</tr>
<tr>
<td>☐ Other Time __________</td>
<td></td>
</tr>
<tr>
<td>From (insert date) _____ / _____ / _____ to (insert date) _____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>Please send my child to the office at the time specified.</td>
<td></td>
</tr>
</tbody>
</table>