



# Medication Authorisation Procedure

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## Introduction

Holy Rosary School is committed to supporting students suffering from minor ailments and illnesses with the administration of prescribed medication to assist with their recovery or ongoing maintenance. The school will ensure that prescribed medication is administered in a manner that protects staff and students.

## Purpose

The purpose of these guidelines is to ensure the safe administration of prescribed medication at school and to ensure that the school and its staff are provided with the relevant information and instructions for its safe administration in accordance with its 'duty of care'.

## Scope

These guidelines apply to all staff members, non-teaching staff members, parents / guardians and students who may be at times involved in the administration of prescribed medication at the school.

## Definitions:

Prescribed Medication: Is a licensed medication that is only available after obtaining written instructions from a Medical Practitioner.

Medical Practitioner: Is a professional who practices medicine, which is concerned with promoting, maintaining or restoring human health through the study, diagnosis, and treatment of disease, injury, and other physical and mental impairments.

## Medication Warning

The school does **not**:

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. The school's *Medication Authorisation Form* must be completed to enable any analgesic to be administered.

Allow a student to take their first dose of a new medication at school in case of an allergic reaction. This must be done under the supervision of the parent / guardian or treating medical practitioner.

Allow use of medication by anyone other than the prescribed student.

## Authorisation:

Holy Rosary School must obtain written advice via its *Medication Authorisation Form* for any medication to be administered by the school. Parents / guardians should complete the form in consultation with the student's medical/health practitioner to ensure that the medication is warranted. However, if this advice cannot be provided, the school may agree that the form can be completed solely by parents / guardians.

Medication of any type *cannot* be administered without the parents / guardians completing the school's *Medication Authorisation Form*.

Parents / guardians must also give permission for the School to contact the relevant treating medical practitioner if confirmation or further information about the administration of medication is required.



### **Administering Medication**

Any staff member required to administer medication must hold as a minimum Senior First Aid Accreditation (Level Two - HLTF311A).

Upon receiving a completed *Medication Authorisation Form*, the Leadership Team or its nominated representative (office staff member, or on excursions or camps nominated Medication Officer) will ensure that the correct student receives:

- » the correct medication;
- » in the proper dose;
- » via the correct method, such as inhaled or orally;
- » at the correct time of day.

The staff member(s) in charge of a student who requires medication to be administered will:

- » be informed that the student needs to be medicated;
- » release the student from class to obtain their medication.

A record is kept of medicine administered via the school's *Student Medication Record*.

### **Recording**

Upon administering medication in accordance with the advice on the *Medication Authorisation Form* or further written instruction from the treating medical practitioner, the staff member responsible for the administration must complete the *Student Medication Record*.

Information to be noted on the *Student Medication Record* includes the:

- » Date of administration
- » Name of the medication administered
- » Dosage administered
- » Time it was administered
- » Name of the staff member who administered the medication
- » Signature of the staff member who administered the medication.

At the completion of the school's responsibility for the administration of medication the *Student Medication Record* will be kept in the student's file for future reference.

### **Storage of Medication**

The school will ensure that all medication is stored in accordance with the instructions provided on the *Medication Authorisation Form*.

The school will ensure that:

- » Medication is stored for the period of time specified in the written instructions received
- » The quantity of medication provided does not exceed a week's supply, except in long-term continuous care arrangements

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 the classroom
- » Away from the First Aid Kit



# Medical Authorisation Form

It is preferred that this form is completed in consultation with the student's treating medical practitioner. If this is not possible then this form must be completed by the student's parent or guardian in accordance with medical advice before any medication can be administered.

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Treating Practitioner's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of the Treating Medical Practitioner: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Recommended Restrictions on Participating in School Activities: \_\_\_\_\_

The Medication has been delivered to the school:

In its original package

The pharmacy label matches the information included in this form.

### Important Notes:

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.

Staff Members are not permitted to administer the first dose of a new medication in the event that it may cause an adverse reaction. The first dose of all medication must be administered by a parent / guardian or medical practitioner.

The school will not administer paracetamol without the completion of this form as it may mask signs and symptoms of other illness or injury.

### Medication required:

Name of Medication/s	Dosage (Amount)	Time/s to be taken	How is it to be taken? (eg orally/inhaled topical/injection)	Dates
				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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### 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 the administration of medication.

### Privacy Statement

The school collects personal information to assist with the planning and support of the health care needs of the student. Without this information the quality of the health support provided may be affected. The information listed in this form 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 law.

### Authorisation

By signing below I hereby authorise staff at Holy Rosary School to administer medication to my child in accordance with the information provided above. I also give permission for the school to contact the Treating Medical Practitioner listed above if confirmation or further information about the administration of medication is required.

Parent / Guardian's Name:

Signature:

Date:

### Self-Administration of Medication

The School discourages the self-administration of any medication and will only grant permission upon written authority from the Treating Medical Practitioner. Ideally, all self-administered medication should be stored by the school.

NOTE# This is not required for students with asthma or anaphylaxis as this is covered under ASCIA Action Plan for Anaphylaxis and the Asthma Foundation's School Asthma Action Plan.

### Completion of Administration

At the completion of the school's agreement to administer medication, any residual medication and all empty containers/packets must be collected by the Parent/Guardian at their earliest convenience. The school may dispose of empty containers/packets only upon verbal authorisation from the Parent/Guardian.

### Relevant Documents:

- » Medical Authorisation Form
- » Student Medical Record

# Student Medication Record

Staff members are required to complete this *Medication Record* after administering medication in accordance with the *Medical Authorisation Form*. This Medication Record will be kept in the student's file for future reference.

Date	Medication	Dosage	Time Administered	Administered By	Signature



Date	Medication	Dosage	Time Administered	Administered By	Signature



Date	Medication	Dosage	Time Administered	Administered By	Signature

Holy Rosary School

System Update: 01. 07. 2019



Version 0.1

Date of Next Review: 01. 07. 2022

Date	Medication	Dosage	Time Administered	Administered By	Signature