Dispensing Medications Policy

Rationale

At Magdalene Catholic High School we recognize that some students have medical conditions which require the administering of medication whilst at school. Given the possible effects on an individual of some medications, there is a need to follow strict guidelines and procedures to ensure the safety of all students.

Guidelines

1. A “Consent to Dispense Medicines” form must be completed by a parent/guardian and returned to the front office.
2. All medications must be supplied by the parent/guardian.
3. All medications must be kept at the front office.
4. All medication is to be supplied in a container clearly outlining the students name, name of medication, dosage, time to be administered.
5. The office shall keep a register of medication dispensed which must be signed by the student when medication is taken. (including date, student’s name, name of medication, and time)
6. It is the responsibility of the parent/guardian to keep the school informed of any change to medication, which must be in writing.
7. For some medication, the school may request a letter from a doctor to accompany the “Consent to Dispense Medicines” form.
8. In the case of asthma, the school will keep an emergency supply of asthma puffers in the office.

Basis of Discretion

The Principal has the right of discretion to make provision for departure from the policy in the event of unforeseen or exceptional circumstances.

Supporting Documents

Dispensing Medication Policy. Wollongong CEO

Evaluation

This policy will be reviewed in 2015.
Magdalene Catholic High School
CONSENT TO DISPENSE MEDICINES

Student’s Name: ……………………………………….  Homeroom: ………………….

Name of Medication: ………………………………….  Dosage: ………………………

When to be administered:  Time of Day: …………………………………………………………

Consent to be applied from ……………………………(date) to …………………….(date).

Parent/Guardian Emergency Contact (Name & Phone Number): …………………………

……………………………………………………………………….

Doctor who authorized medication:

Name: …………………………………………………………….………………

Address: ……………………………………………………………….….……….

Contact Number: …………………………………………………………….

I ………………………………….., request that my son/daughter ………………..……, be
administered the above medication by school staff.

I understand that all medication must be supplied in a container which is clearly labeled with
  – my child’s name
  – name of medication
  – dosage
  – when to be administered

I also understand that all medication will be kept secure at the school office and must be signed
for by my son/daughter when administered.

…………………………………………….

Parent/Guardian Signature  Date