1. **PURPOSE**
   The purpose of the Medication Policy is to ensure that students are able to be given their oral medication at school in a safe and controlled manner.

2. **OBJECTIVES**
   2.1 To inform the parent community of the policy and procedures regarding medications to be administered to students at school
   2.2 To ensure that necessary medications are administered to students in a safe and controlled manner
   2.3 To store medications safely at school
   2.4 Medication may be required for a variety of reasons and should not necessarily exclude a child from attending school.
   2.5 To maintain the wellbeing of students at school so they are able to participate in the school program.

3. **IMPLEMENTATION**
   3.1 The school will:
      3.1.1 Use the Medications Registration Form (APPENDIX A) to record the nature, frequency and dosage of medication
      3.1.2 Inform all new staff of the Medication Policy and procedure
      3.1.3 Inform the parent community of the Medication Policy and procedure
      3.1.4 Be familiar with and follow relevant Department Policies from the Schools Reference Guide
   3.2 Staff will:
      3.2.1 Support student/s requiring the administration of medication
      3.2.2 Administer medications to students as per the information stated on the Medical Registration Form
      3.2.3 Not administer medication unless a Medical Registration Form is completed, or other satisfactory written (and signed) documentation is provided
      3.2.4 Store medication in a safe and accessible place. Refrigerate in Staffroom if advised by parent
      3.2.5 Participate in appropriate Professional Development
   3.3 Parents will:
      3.3.1 Keep sick children at home
      3.3.2 Clearly label medication and equipment with name, class and specific instructions
      3.3.3 Deliver the medication and equipment required to the General Office
      3.3.4 Complete a Medication Registration Form at General Office (Appendix A)
      3.3.5 Advise teacher that child requires medication
   3.4 Students will:
      3.4.1 Be present at the appropriate time for medication to be administered

4. **EVALUATION**
   The Policy will be evaluated by office staff, teachers and parents by observing whether the objectives of the policy are being met.

APPENDIX A: Medical Registration Form
ARMADALE PRIMARY SCHOOL
MEDICATION REGISTRATION FORM

This form should be submitted by the parent to the school office before 9.00am on the day medication is to commence.

NAME OF CHILD: _______________________________________________________

CLASS: _______ DATE OF BIRTH: ______________________

Current emergency contact telephone number during the day: __________________________

Medication Details

Name of Medicine: ________________________________________________________________

Exact dosage: ___________ ________________

Instructions (e.g. to be taken with water before/after lunch):

________________________________________________________________________________

________________________________________________________________________________

Probable length of treatment: ___________________________________________

Parent’s Signature: _______________________________ Date: ______________

Parents MUST provide:

Medication in exact single dosage. This is to be measured out at home and sent to the school office in a clearly named plastic container with a securely fitting screw-on lid (available from chemists) each day. This must be taken to the school office before 9.00am. The child will be given the empty container to take home at night.

STAFF USE ONLY

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<th>Date/Time</th>
<th>Dosage Administered</th>
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