



Mother Teresa Primary
creative minds - gentle hearts

2017 – MTP Medication Policy



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VISION AND MISSION STATEMENT

Mother Teresa Primary is committed to providing a safe, respectful and engaging learning environment for students and staff, where students have opportunities to engage in quality learning experiences and acquire values supportive of their lifelong wellbeing.

Vision

The Purpose of learning at Mother Teresa Primary is to liberate the Creativity and Compassion in our hearts by developing the tools to become self-directed learners.

Our motto is *Creative Minds, Gentle Hearts*. We develop the 5 Learner Qualities of being *Reflective, Compassionate, Collaborative, Passionate and Creative*.

INTRODUCTION

Mother Teresa Primary adheres to all Catholic Education Office Policies. Click [here](#) to view all Catholic Education Office, Parramatta policies

INFECTIOUS DISEASES

It is important that parents seek medical advice if an infectious disease is suspected. Many of these diseases require that the patient (and sometimes contacts at home) be excluded from school for varying lengths of time.

For the protection of other children in the school, these periods of exclusion must be observed. Please follow this link to confirm any exclusion that may apply to your child.

<http://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>

To minimise further outbreak, please inform the school immediately after diagnosis.

MEDICATION

Staff are under no legal obligation to administer drugs or supervise the administration of drugs. The taking of medication at school should be absolutely avoided unless essential.

All medication, including 'over the counter' medication, must be accompanied by Form 1 and Form 2. This includes saline nasal spray, Panadol, Nurofen, Calamine lotion, Lozenges etc. A letter from the child's doctor, or Form 2, must be obtained outlining the dosage required and the condition being treated. The exception is reliever puffers for the emergency treatment of Asthma.

This documentation informs the Office Staff of the type of medication to be given, dosage, time and the number of days to be administered. Form 1 MUST be signed by the parent, or their adult representative, thus giving the school permission to administer the medication.

Prescription medication, such as antibiotics, does not require a doctor's letter as this authority is adhered to the medication already. All medication must be in the original packaging.

****Medication should never be given to a child to self administer (unless it is Asthma medication)****

*****Medication will not be accepted from a child*****

Administration of Medication

- Appropriate equipment for administration, eg medication measures, to be supplied by parents
- All prescribed medication is kept under lock and key in a secure location
- The Principal will nominate at least two members of staff, who will be responsible for the administration, checking of the medication in the school. At times this may be delegated.

ANAPHYLAXIS

Anaphylaxis is a severe and sometimes sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or an insect sting or bite).

It is the responsibility of the parent to notify the school that their child has an allergy and is at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

An ASCIA2 Action Plan for Anaphylaxis, completed, signed and dated by the student's doctor, must be provided to the school by the parent. This plan is to be updated when the doctor prescribes a new auto injector or when circumstances regarding the condition change.

You will need to provide the appropriately labeled medication(s) to the school (e.g. EpiPen®, Anapen®, antihistamine) and advise the school if your child wears a medical identification bracelet or necklace. It is also the Parent/Carer's responsibility to monitor the expiration date and to replace the medication when it expires.

ASTHMA

Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'.

It is the responsibility of the parent to notify the school that their child has asthma and is at risk of an attack (even in mild cases). This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

An Asthma Action Plan, completed, signed and dated by the student's doctor, must be provided to the school by the parent. This plan is to be updated when circumstances regarding the Asthma change.

Children need to be able to administer their own asthma (puffer) medication. It is important that they carry their asthma puffer with them at all times. If your child is not able to take their medication independently, he or she may be assisted until they are confident enough to administer it themselves. However, it is expected that students are taught to self-administer by the beginning of Year 3. Until then you will need to provide the appropriately labelled medication(s) to the school and complete the relevant forms.

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**FORM 1**

**NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE
ADMINISTERING OF MEDICATION DURING SCHOOL HOURS**

To be completed by parent or guardian

I give permission for my child _____ (full name of student)

Learning Studio: _____

to take medication at school according to instructions from:

Prescribing Doctor: _____

Address of prescribing doctor: _____

Doctors Contact number: _____

NAME OF MEDICATION: _____

DOSAGE: (ml / tablet) _____

TIME/S REQUIRED: _____

FROM DATE: _____ **TO DATE:** _____

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the prescribing doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administering of the medicine.

Signed: _____ Relationship: _____ Date: _____

Parent/Guardian *Mother/Father*

FORM 2**MEDICAL ADVICE TO SCHOOL**

To be completed by prescribing doctor

Student's full name: _____

1. Medical condition(s) of the child requiring regular treatment:

2. Essential medication requiring administration during school/college hours:

Medication Details

Condition name		
Medication name		
Dosage		
Time/s of administration		
Special instructions		
Self-administration (yes/no)		

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in crisis situation

5. Additional comments:

Signature of prescribing doctor: _____ Date: _____

POLICY REVIEW

The policy will be reviewed within 12 months of its date of adoption, then periodically and not less frequently than every 3 years from its date of implementation.

POLICY DATES			
Formulated	September 2017	Adopted	September, 2017
Implemented	September 2017	Reviewed	—
Next Review Due	September 2018		
POLICY AUTHORISATION			
Principal	MEGAN BAIRD	Signature	Megan Baird.