



Dear Parent/Carers

This letter explains the process for managing the administration of medication to students when they are in the school's care. Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

Short Term Use of Medication (up to two weeks)

For administration of **short term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an **Administration of Medication form**. These forms can be obtained from the school office or your child's kindergarten or pre-primary teacher.

Alternatively, parents/carers may complete the form overleaf.

Note:

- The medication must be clearly labelled with the child's name and provided in packaging from the pharmacy or the manufacturer.
- Documentation must be signed and dated by a parent or carer and provided to the school with the medication.

Long Term Use of Medication

If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you will need to complete a *Student Health Care Summary* and a *Management/Emergency Response Plan* for your child's particular health need. In most instances, this documentation will have been completed when you enrolled your child or as part of the school's process for updating student health care records. If this is not the case, please discuss with the Deputy Principal responsible for Health Care Planning.

Kate Fitzpatrick
Deputy Principal
Principal

**REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF
INGLEWOOD PRIMARY SCHOOL**

Students Name	Date of Birth	Class
Name of medication		
Dose/frequency (may be as per pharmacist's label)		
Route of administration (e.g. by mouth)		
Expiry date of medication:		
Dates of administration:	From: / / 20__ to: / / 20__	
Storage requirements: (e.g. refrigerator)		
Name of administrator:		
Parent/carer signature:	Date:	

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/medication	Staff member	Signature

Completed forms to be filed in individual student file