ADMINISTERING MEDICATION
AT LARGS BAY SCHOOL

DECS discourages schools from administering medications. However, it is recognised that a child’s continued attendance at school and benefit from education could be seriously jeopardised (ie long term absence) if assistance were not available.

In some cases older students can accept responsibility for their own medication, eg aerosol 'puffers' however prescribed medication should be kept in a secure place in the first aid room and issued by a staff member.

DECD guidelines for administering Analgesics (ie Panadol) are quite specific. Due to the masking effect they have on other serious conditions they can not be administered unless once again prescribed by the doctor with the child’s name dose etc marked from the pharmacy on it.

Please be aware that a course of antibiotics can be administered 3 times daily (before school, after school and before bed time) and therefore does not fall into the category requiring administering at school. If however the doctors requirement was a dose before/after meals this would then be dealt with by school staff.

If medication is to be administered by school staff it is necessary to have:-

- written permission to administer medication from parent (see below)
- a letter from the doctor clearly outlining the dose and frequency of the medication
- if the medication is only needed for a few days the box or bottle must have the appropriate instructions from the pharmacy printed on it
- the child’s name clearly marked on the medication

Please fill in the attached form if your child needs assistance with medication at school.
Administration of Medication Consent

I request that school staff administer the following prescribed medication to my child.

Child’s Name .................................................. Date ..............................

Name of medication .............................................................

What time it is to be taken .................. What dosage .................

If medication is only to be taken under special circumstances when is it needed ie what specific signs and symptoms must be looked for. (If you need more space please use the back)

..............................................................................................

..............................................................................................

A letter from your doctor must accompany this form if the prescribed medication is long term ie for more than a few days.

Signed ................................................................. Date ..............................
(Parent Caregiver)