Prescribed Medication at School

When a medical practitioner has prescribed medicine that must be administered at school, parents are responsible for
• Completing a written request—forms are available at the office.
• Supplying the medication with clear instructions on dosage as per the medical practitioner’s advice.
• Collaborating with the school to arrange for the supply and administration of the prescribed medicine.

Non-prescribed Medications at School

Schools do not administer medication which has not been specifically requested by a medical practitioner. In some cases the medical practitioner may advise the use of “over the counter” medications. NSW Health advises that this does not mean that the medication is not potentially harmful and that schools should follow the same procedures for such medications as for prescribed medications.

This school will not administer medication that is not prescribed by a medical practitioner.

Medications such as Panadol and cough medicines should be administered by parents before and after school.

Key points to remember:
• A written request must be provided by parents for the administration of any medication to their child.
• Parents should deliver the medication to school. Students should not carry medication unless there is an arrangement in place as part of the student’s health care needs.
• Students must have immediate access to asthma medication such as puffers.
• Except in an emergency, only staff members who have volunteered and been trained will administer medication to students.

Individual Health Care Plans

A written individual health care plan will be developed for each student who has complex or high level health care needs such as anaphylaxis, asthma and epilepsy. Parents are responsible for
• Bringing their child’s needs to the attention of the school.
• Providing written advice from a medical practitioner. This should include a signed health care and emergency response plan developed and signed by the medical practitioner.
• Ensuring information is updated if it changes.
• Supplying any medication or consumables necessary for the administration of the health care plan.
Request for support at school of a student's health condition

Information
Name of child: ___________________________  DOB: ___________________________

☐ Enrolled  ☐ or Seeking enrolment (tick)
Class (if enrolled): ........................................ School: ........................................

Parent contact
Parent information (1)
Name: ..................................................................................................................
Relationship to child: ...........................................................................................
Home phone: ........................................ Work phone: ........................................
Mobile phone: ......................................................................................................

Parent information (2)
Name: ..................................................................................................................
Relationship to child: ...........................................................................................
Home phone: ........................................ Work phone: ........................................
Mobile phone: ......................................................................................................

Medical practitioner contact
Name: ..................................................................................................................
Address: ..............................................................................................................
Phone: ..............................................................................................................

Health/medical condition
Asthma  Anaphylaxis  Allergies  Epilepsy / Seizures  (Please circle)
Other:  ____________________________________________________________

Could your child experience an emergency reaction in relation to this condition?
☐ No  ☐ Yes
Request for administering prescribed medication to the student

(Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.)

Name of prescribed medication: ........................................................................................................

Prescribed for (name of medical condition): ......................................................................................

Prescribed dosage: ............................................................................................................................

What are you requesting the school to do? ...........................................................................................

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Special storage requirements if any eg in refrigerator: ........................................................................

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water: .................................................................................................................................

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes  No  (please circle)

If Yes, please provide more information: .....................................................................................................

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Name of person who will carry the medication to school: ..................................................................

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Request for other support

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Parent or carer signature: .......................................................................................................................... Date:

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child’s health needs. It will be used by the NSW Department of Education and Training for the development of arrangements with you to support your child’s health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school’s capacity to support your child’s health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.