



IRAMOO PRIMARY SCHOOL No. 5152

Dear Parent/Guardian,

As such a large number of students now require daily medication, it has become necessary for the school to develop a code of practice for the administration of all student medicines.

The following procedures now apply and, if your child takes regular medication, please take special note of the following requirements:

- *Written* instructions detailing the type of medication and the times/doses required. These details must include the student's full name and grade as well as the parent's signature and the date.
- *Written* notification and date of any change to the original instructions. If it is prescribed medication written notification needs to be given by doctor.
- For student safety, it is preferred that daily medication is provided in a 'Webster' style blister pack obtained directly from the pharmacy. Failing this, prescription medication *must be* delivered to our school office in its original packaging with instructions for dose, patient name etc. clearly visible on the label.

All medication will be kept in the sick bay. The only exceptions will be students whose asthma management plan requires them to self-medicate as required e.g. older students may be required to carry Ventolin at sport and/or students with written instructions from a doctor.

Where medication is required to be administered at times other than the usual lunch/recess breaks (10.50 a.m. and 12.40 p.m.) parents are requested to supply some type of timer (e.g. if a child needs to have a tablet at 12 noon, he/she may have a watch with an alarm or similar to remind him/her).

These procedures have been developed in consultation with staff and parents and have been approved by School Council for the safety of all concerned.

Thank you for your co-operation.

Yours sincerely,

**MOIRA FINDLAY
PRINCIPAL**



IRAMOO PRIMARY SCHOOL No. 5152

MEDICATION AUTHORISATION

STUDENT'S NAME: _____ **GRADE:** _____

TYPE OF MEDICATION: _____

DURATION OF MEDICATION: _____

DOSE: _____ **TIME:** _____

BEFORE FOOD

WITH FOOD

AFTER FOOD

I authorise the staff of Iramoo Primary School to administer this medication as listed.

PARENT/GUARDIAN'S NAME: _____

SIGNED: _____ **DATE:** _____

(Parent/Guardian)

CONTACT PHONE NUMBER(S) _____