



## 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**     **REFRIGERATED**

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)** \_\_\_\_\_