DISPENSING MEDICATION

ADMINISTRATION OF NON-PRESCRIBED MEDICATION

NO medication is to be given to students if written permission is not received from parents.

ADMINISTRATION OF PRESCRIBED MEDICATION

No medication should be given to a child without the written permission of a parent / guardian. Parents are to be discouraged from providing children with medication at school unless on Doctors advice.

Medication should be in original container, clearly marked with

- Name of Drug
- Students Name
- Dosage
- Frequency of administration
- Doctors Name

Appropriate equipment for administration is to be supplied by parents.

All prescribed medication is kept in the office area and Medication Register with it. It should be completed by a staff member giving the medication.

Children should go directly to the office area at Recess, Lunch Time or at the time directed by the doctor so that medication can be given.

A Note should be filled in by the parents / guardian giving the school permission for medication to be given.

This needs to advertised in the Newsletter/ Parent Handbook, so that parents are aware of this procedure.

Notes from parents regarding medication need to be sent to the office and put into the Medication Permission folder.

All medication is to be dispensed at the office by Medication Officer. (Funded position for secretaries).
DEED OF INDEMNITY

In consideration of the members of Staff of:

Name of School

at my request administering medication to my son / daughter:

Full Name of Student.

I hereby indemnify and agree to keep indemnified the Catholic Education / Schools Office and its employees and agents, and

Name of School

and it’s employees and agents, including the Teachers and other Staff of the School, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said:

______________________________
Parent / Guardian.

______________________________
Signature of Witness

______________________________
Name of Witness
(Please Print)