

ADMINISTRATION OF MEDICINES

Statement

The school recognises the need to assist in the administering of identified medicines and requests that are consistent with medical directions by recognised medical practitioners.

No medicines will be stored in classrooms.

Procedures and Guidelines:

The school accepts no responsibility for the medical or psychological impacts of using the supplied medicines and drugs.

The school accepts no responsibility to seek the child out at the appropriate time. The child must be self-monitored.

The school reserves the right to refuse administration where the demands are excessive or inconsistent with safe work practices.

The school will:

- Monitor the administration of the medicines.
- Store the medicines in a safe and hygienic place.

I understand and agree to the conditions above.

Signed _____
(Parent) (Date)

Child's Name _____

Name of medication and directions for administering _____

Times medication is to be administered _____

Expiry date on medication ____/____/____

(To be completed by school personnel administering the medication)

I have sighted the medical practitioner's directions for administration of the medication.

Signed _____
(School Personnel) (Date)