MEDICATION ADMINISTRATION POLICY

There are occasions when students require medication to be administered during school time. It is important for all members of the Allambie Heights Community to be aware of the policy and procedures we have in place.

All medication must be brought to the office for safekeeping and an authorisation form completed. Medication should not be kept in a student’s bag or classroom, except in the case of asthma puffers, where it is acceptable for a child to carry and administer his/her own.

The office staff will supervise the administration of all other medication. Parents or caregivers should inform the class teacher, in writing, of the requirement for medication and request that the student be sent to the office at the appropriate time.

If your child currently requires ongoing medication to be administered at school or has a condition which may require the administration of medication at school, then please complete the form below and return it to the school office with the medication. Please ensure that you monitor the supply of medication and ensure that it is not out of date.

If your child has asthma, please complete the lower portion of this form to allow us to administer ventolin by volumatic as needed. The school keeps ventolin and volumatics on hand for this purpose.

……………………………………………………………………………………………………………………………………………………………….…

PERMISSION TO ADMINISTER MEDICATION

I give permission for the staff at Allambie Heights Public School to administer the following medication.

Child’s Name: ………………………………………………………………………………………………………………………..  Class:  …………………..

Medication Required: …………………………………………………………………………………………………………………………………………………

Doseage: ……………………………………………………………………………………………………………………………………………………………………

Time to be Taken: ……………………………………………………………………………………………………………………………………………………………

Parent’s Signature: ………………………………………………………………………………………….……  Date:  …………………..

NOTIFICATION OF CHILDREN WITH ASTHMA

Name:  ………………………………………………………………………………………………………………………  Class:  …………………

I give permission for my child ………………………………………….  to have ventolin administered by volumatic if necessary. This will only be done in case of an emergency or if a child has forgotten to bring their asthma medication with them on a particular day.

Parent’s Signature: ………………………………………………………………………………………………………………………..  Date:  ………………….