



## WINMALEE HIGH SCHOOL

High School Drive, Winmalee NSW 2777  WinmaleeHighSchool-Official  
T 02 4754 2822 F 02 4754 3280 winmalee-h.school@det.nsw.edu.au  
<https://winmalee-h.schools@nsw.gov.au>



# Prescription Medication

## Rationale

The administration of such medication forms part of the department's common law duty of care to take reasonable steps to keep students safe while they attend school.

## Policy

When a medical practitioner has prescribed medication that must be administered during the school day, parents/carers must:

- notify the school
- provide up to date information as required
- supply the medication and any 'consumables' necessary for its administration in a timely way.

The administration of prescribed medication at Winmalee High School is carried out by our front office staff who volunteer and who are trained. Except in an emergency, only individual staff members who have volunteered and been trained will administer prescribed medication to students.

Parents/carers of children who require prescribed medication to be administered at school must complete a written request, which is available upon contacting the school. Students must not carry medications unless there is a written agreement between the school and the student's parents/carers.

A letter will be provided to parents/carers from the Principal confirming arrangements for the administration of the student's medication at school.

The front office stores all copies of the written medical advice and any other relevant documentation in the students file.

## Process

Students negotiate when the best time during the day according to their current needs with the Front Office. They must:

1. Go directly to the first aid office before school, recess or lunch.
2. Sign that they have been given the correct medication.
3. Go directly back to class.

High needs students with complicated dosages, according to their Health Plan, will be assisted by an SLSO in consultation with parents/carers.

## Self-administration of prescribed medication by students

The common law duty of care does not extend to administering prescribed medication to students who are reasonably able to self-administer.

However, the department must take reasonable steps to ensure that the self-administration is carried out safely.

This includes students who may be diabetic and require a quiet space to administer insulin.



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### Emergency care

Schools do not generally supply or administer medications in an emergency unless they have been provided by parents as part of an individual health care plan for a specific student.

Parents will be required to consult with Wellbeing HT regarding conditions and circumstances in which this may occur.

In an emergency which has not been anticipated in the emergency/response care section of an individual health care plan, staff will provide a general emergency response (for example, call an ambulance). Where an emergency response requires the immediate administration of medication to prevent serious illness or injury, staff should administer the required medication.

### Excursions

When organising an excursion the staff member must ensure that the prescribed medications for students list is checked. Medications must be checked out and signed for from the First Aid office before the excursion.

### Overnight Excursions

The teacher is to be notified of any student requiring prescription medication, the dosage and frequency of administration. The teacher is to be provided with student's medication and has responsibility for holding and administering during the excursion.

In some cases depending on the age and maturity of the student, the student may keep the medication in their possession and staff simply check that the medication has been taken as required.

**High needs students** are to have an SLSO attend the excursion to assist with the care and issuing of medication and monitoring of their health and wellbeing.

### Non-prescribed medications

Winmalee High School does not administer non-prescribed medication to students

### Legal liability

Should a student be injured or made ill as a result of the administration of prescribed medication or health care procedures by a member of staff, the staff member is protected by the legal principle of vicarious liability in relation to personal injury proceedings.

This means that unless the staff member has deliberately injured the student, or behaved with reckless disregard for the student's safety, the department will be liable for any injury caused by the negligence of the staff member.



# Request for support at school of a student's health condition

This request form includes 4 sections:

1. Student details (page 2)
2. Request for administering prescribed medication (page 3)
3. Request for other support (page 5)
4. Parent and emergency contact details (page 6)

Please remember to sign and date the form on page 6 before returning it to the school.

## 1. Student details

First name: ..... Last name: .....

Date of Birth: .....

Enrolled at this school: Yes  No  Class, if currently enrolled: .....

Current school if not enrolled: .....

Health/medical condition: .....

.....

Could your child experience an emergency reaction in relation to this condition? (please tick)

Yes  No

Doctor's name/medical centre: .....

Doctor's address: .....

Doctor's phone number: .....

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

Allergy/medical condition	Doctor's name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school or organisation (e.g. preschool, occasional care, etc) please provide it to the school as an attachment to this form.

## 2. Request for administering prescribed medication to the student

*Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.*

Name of prescribed medication:.....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

What are you requesting the school to do? .....

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Expiry date of the medication: .....

*Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.*

Special storage requirements if any e.g. in refrigerator: .....

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Special instructions for administering the prescribed medication/s e.g. must be taken with food or with a glass of water:

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Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes                       No                       If Yes, please provide more information:

.....

If your child administers his or her own medication at home, do you request that he or she self administers this medication at school?

Yes                       No

*Note: the Principal needs to approve a decision for a student to self administer.*

If yes, please describe what support your child needs to administer the medication in a non emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

.....

Note: Where possible, the medication should be provided to the school in its original pharmacy packaging.

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

Please name the person who will carry the medication to school:

.....

*Note: if you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.*

For some medications and some students it can be appropriate for them to carry their own medication to and at school. For example, asthma reliever medication and pancreatic enzymes for cystic fibrosis. If your child is to carry their own medication we want to be able to support this and request some information so that we are well informed.

*Note: The school may still need you to provide an additional supply of the medication for storage in central location/s within the school and for use if your child needs the school's help.*

Would you like the principal to consider a request for your child to carry their medication?

Yes       No

*Note: The Principal needs to approve a decision for a student to carry their own medication at school.*

If yes, please describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

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*Note: Your child's medication should be clearly labelled with their name.*

### 3. Request for other support

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

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#### 4. Parent contact details

Name:.....

Relationship to child:.....

Address: .....

Home phone:..... Work phone:.....

Mobile phone:.....

Email: .....

Parent or carer signature: ..... Date: .....

#### Privacy notice

*The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*