



Administration of Medication Policy

Purpose:	The purpose of this policy is to ensure that students have access to a reasonable standard of support for their health needs whilst attending school or school-based activities.
Scope:	Students, parents and employees, including full-time, part-time, permanent, fixed-term and casual employees, as well as contractors, volunteers and people undertaking work experience or vocational placements.

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Status:	RATIFIED	Supersedes:	2022 Administration of Medication Policy
Review Date:	Biannually	Next Review Date:	13.03.2026
Authorised by:	Elizabeth Goor Board Chair	Signature:	
Policy Owner:	School Governing Body (Education for Generations Ltd)		

References:	<ul style="list-style-type: none">• Australian Privacy Principles• Montessori Noosa Administration of Medication Procedure• Montessori Noosa Consent to Administer to Medication Form
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Policy Statement

Montessori Noosa is committed to ensuring that students have access to a reasonable standard of support for their health needs whilst attending school or school-based activities.

In maintaining that reasonable standard of support, a request for school staff to administer medication during school hours will be considered when there is either no alternative in relation to the treatment of specific medical conditions, or when a prescribing health practitioner has determined that the administration of medication at school is necessary.

Montessori Noosa is committed to ensuring that reasonable care is taken to minimise potential harm to students when administering medications at school.

Documentation

In the case of all routine and emergency medication, both prescription and non-prescription, Montessori Noosa requires parents to provide documentation of the medication required to be administered at the school from the prescribing medical practitioner.

For all non-routine medication, both prescription and non-prescription, Montessori Noosa requires documentation from parents requesting the school to administer the medication.

Montessori Noosa also requires the process above for non-prescription, non-routine also known as over-the-counter medication (eg. paracetamol).

Parents can provide this documentation either by completing the school's Consent to Administer Medication Form or in writing detailing instructions for usage, including dosage, timing, and route of administration.

In all cases, the medication must be provided to the school in its original packaging, within its expiry date, and with the doctors and/or pharmacy label providing instructions for usage, including dosage, timing, and route of administration.

Montessori Noosa will keep the following records as outlined in the Montessori Noosa Administration of Medication Procedure:

- Requests from medical practitioners and/or parents to administer medication
- Logs of medication in and out of the school
- Documentation of the administration of the medication
- Individual student health, action, or emergency plans, as required

Montessori Noosa will store student medical information in an accessible yet secure space close to where the medication will be stored and administered, with consideration of the Australian Privacy Principles.

Administering medication

Montessori Noosa follows the "Five Rights" of medication administration as outlined in the Montessori Noosa Administration of Medication Procedure:

- Right person
- Right drug
- Right dose
- Right time
- Right route

Storing medication

All non-emergency medication will be kept in a non-portable, secure storage space reserved for medications only, with authorised access only, as outlined in the Montessori Noosa Administration of Medication Procedure.

All emergency medication will be kept in a safe, unlocked location where it is easily accessible to the authorised staff and students (if applicable), as outlined in the Montessori Noosa Administration of Medication Procedure.

Expired medication

It is the parents' responsibility to ensure that the medication provided to the school to administer to the student is within its expiry date.

Staff must check that a medication is within its expiry date when administering it. When a medication is approaching its expiry date, the parents should be notified. Expired medication must not be administered.

Refer to the Administration of Medication Procedure for disposal of expired medication procedures.

Staff training

Montessori Noosa will ensure that appropriate levels of training are provided for relevant staff in administering first aid, medication or as required by individual student health plans.

Self-administration of medication by students

Self-administration of medication by students may be approved by the Principal for those students who are assessed by their parents and medical practitioner as capable. Parents are to complete the Consent to Administer to Medication Form (sections A&B) and provide any relevant documentation supporting the request to the Principal for approval.

Definitions

- **Prescription medication** – prescribed by a medical practitioner
- **Non-prescription medication** – over-the-counter medications available without a prescription
- **Routine medication** - long-term medication administered on a regular basis
- **Non-routine medication** – medication administered on a short-term basis only
- **Emergency medication** – administered in the case of an emergency only

Examples may include:

- Prescription/routine: insulin
- Prescription /non-routine: antibiotics
- Prescription/emergency: EpiPen
- Non-prescription/routine: anti-inflammatories
- Non- prescription/non-routine: laxative
- Non-prescription/emergency: antihistamine

Responsibilities

School Responsibilities

The school acknowledges its responsibility to:

- Administer medication to students in line with this Policy and the related Procedure to ensure that students have access to a reasonable standard of support for their health needs whilst attending school or school-based activities
- Support students to self-administer medication when approved and appropriate
- Keep appropriate records
- Store student medical information appropriately
- Store all medications securely
- Ensure that appropriate levels of training are provided for relevant staff in administering medication or according to individual health plans

Staff Responsibilities

Montessori Noosa employees have a responsibility when administering medication to:

- Attend any training required by Montessori Noosa to enable them to safely administer medication
- Administer medication in line with this Policy and the related Procedures

Parent Responsibilities

Parents have a responsibility to:

- Act in line with this Policy and the related Procedures
- Submit the appropriate documentation when requesting the school to administer medication to their child
- Submit any other medical information or records required by the school to administer medication to their child
- Ensure that the medication provided to the school to administer to their child is within its expiry date

Student Responsibilities

Students have a responsibility to:

- Act in line with this Policy and the related Procedures
- Cooperate with school employees so as to be able to safely administer medication to them

Implementation

At Montessori Noosa, we are committed to:

- The implementation of the Administration of Medication Policy & Procedure
- Ensuring the Consent to Administer Medication Form or equivalent has been completed by parents
- Ensuring the completion of Administration of Medication at School records as required
- Ensuring the completion of Log of Medication in and out of the school is maintained
- Staff practicing safety and hygiene practices when administering medication.

Compliance and Monitoring

Montessori Noosa will undertake the following:

- Medication will to be administered at the Administration office unless approved by the Principal
- Medication is to be stored in the medication storage facilities at the Administration office unless approved by the Principal
- All applicable forms, records and logs related to Medication are to be kept by the school
- The Principal will review this Policy and the related Procedures from time to time and as per the review schedule.

Appendix 1:

- Montessori Noosa Consent to Administer to Medication Form



Consent to Administer Medication Form

Please Note:

For medication to be administered at school or during school-related activities, you must provide a Medical Authorisation plus the medication must be in its original container with intact packaging, in date and labelled with the student's name.

Examples of a Medical Authorisation include:

- a pharmacy label with both the student's and medical practitioner's name on it;
- a signed letter from a doctor or dentist;
- an Action Plan signed by a doctor or nurse practitioner;
- a Montessori Noosa Consent to Administer Medication Form or equivalent.

Examples of health conditions, medications and relevant required documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or <i>diabetes management plan</i> or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

To request the school to administer medication to your child, please:

1. Complete Section A.
2. Provide the school with the medication in the original container with intact packaging, in date and labelled with the student's name.
3. Provide a relevant Medical Authorisation (See list of examples above).
4. Make an appointment with the Principal if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

To request a student self-administer their medication, please complete both sections A and B.

Medical Authorisation – Consent to Administer Medication Form

Section A: Complete the details below: NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.			
Student name		Date of birth	
Parent/carer name		Phone number	
<ul style="list-style-type: none"> I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities. I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student, if required. 			
Name of medication			
The medication is required:		If Yes to any questions, complete the following:	
(a) routinely (e.g. 11am every day)	<input type="radio"/> No <input type="radio"/> Yes	Administer at ____: ____ am/pm on the following days: <i>(circle the day/s required)</i> . Monday Tuesday Wednesday Thursday Friday	
(b) for a short time only (e.g. only for 2 weeks)	<input type="radio"/> No <input type="radio"/> Yes	Start date: ____/____/____ End date: ____/____/____	
(c) to manage a health condition by following a current Action or Health Plan	<input type="radio"/> No <input type="radio"/> Yes	Is the medication for: <input type="radio"/> asthma <input type="radio"/> anaphylaxis <input type="radio"/> diabetes <input type="radio"/> epilepsy <input type="radio"/> other <i>(describe:)</i>	
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.	
Has this student previously shown any side effects after taking this medication?			Yes <input type="radio"/> No <input type="radio"/>
If Yes, describe:			
Parent/carer Signature		Date	
OFFICE USE ONLY – to be completed on acceptance of medication: <input type="checkbox"/> is in the original dispensed container with intact packaging <input type="checkbox"/> has the student's and doctor's names on the pharmacy label <i>(if there is no other written evidence of medical authorisation)</i> <input type="checkbox"/> is current/in-date <i>(The expiry date of the medication is ____/____/____)</i> . <input type="checkbox"/> Medical Authority complete with details of dose and route of administration, time or interval the medication is to be taken and any other relevant directions for use; <input type="checkbox"/> Medication stored in the school's medication locked or emergency storage as appropriate <input type="checkbox"/> Medical Authority filed			
If the student is to self-administer this medication, also complete Section B NOTE: Controlled drugs cannot be self-administered.			

Medical Authorisation – Consent to Administer Medication Form

Section B: Details for student self-administration of medication:			
<i>In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.</i>			
Student name		Date of birth	
<ul style="list-style-type: none"> I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times. I confirm that the student can store their medication securely. I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication’s pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student, if required. 			
Health condition	I seek approval from the principal/delegate for the student to self-administer:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> their asthma medication <i>(following a current action plan/health plan)</i>		
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> their adrenaline auto-injector <i>(following a current action plan/health plan)</i>		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> their medication <i>(following a current health plan)</i>		
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> their medication <i>(following a current health plan)</i>		
<input type="checkbox"/> Other _____	<input type="checkbox"/> their medication <i>(following a current health plan)</i>		
Parent/carer/student signature		Date	
Principal’s signature		Approved:	Yes / No <i>(pls circle)</i>
<i>Note: Completed form to be filed on student’s file whether approved or not.</i>			

Privacy Statement

Montessori Noosa collects this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student’s personal information) and the *Information Privacy Act 2009* (parent/carer’s personal information) this information will not be disclosed to any other person or body unless MN has been given permission or is required or authorised by law to disclose the information.