
 DARGAVILLE INTERMEDIATE SCHOOL

PROCEDURE: Administration of Prescribed Medication**Introduction:**

To provide procedures where parents or caregivers request staff to administer prescribed medicine.

Guidelines:

- a) Students have a right to receive prescribed medication in school hours.
- b) Staff are expected to:
 - * act reasonably in the circumstances to the level of a “Good Samaritan”
 - * exercise care and act in accordance with parent’s/caregivers or doctor’s instructions.

Procedures:

- a) Both parties sign medication agreement as attached.
- b) Medication held at school will be provided by parent/caregiver with written instructions
- c) Medication will be stored in a secure and safe area at all times.
- d) Administration of medication will be according to instructions on label.
- e) If a child arrives at school with unexplained medication, the First Aid Officer or Principal shall endeavour to contact parents. If unable to, and there are serious concerns, the child’s doctor is to be contacted.
- f) Updated register of specific high frequency, life threatening conditions available in Sick Bay.

High Frequency, Life Threatening Events and Suggested Actions

- | | | |
|---|---|---------------------------------|
| 1. Diabetes (low glucose) = unconsciousness | - | Glucose injection or equivalent |
| 2. Asthma | - | Ventolin inhaler |
| 3. Epilepsy + unconsciousness | - | Immediate Medical assistance |
| 4. Allergic reaction | - | CPR |

In life threatening medical situations always seek medical advice or assistance

PLUS CPR where warranted in all of the above and any other circumstances where life is threatened.

“Only administer medicine in life-threatening situations when you and another staff member have been consulted by a parent or caregiver and you have accepted responsibility in accordance with school policy. Make sure you have the necessary knowledge to administer the medicine and do so in the presence of another person; keep a written record. Contact the student’s parent, caregiver or doctor immediately in an emergency.”

NZEI – Service and Support Manual

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MEDICAL STATEMENT

RE: ADMINISTRATION OF PRESCRIBED MEDICATION

Name of Student.....Age..... Room.....

Medication Name

Name of Family Doctor Phone No.....

Directions for Administering medication

Name of staff member normally administering medication

Signature of staff member

Medication will be administered according to the attached procedure

The Parents/Caregivers recognise that the final responsibility and obligation for their child's medical needs rests with them. Every reasonable action will be taken by staff to follow the instructions of the Parent/Caregivers and they will also take all reasonable steps in any life-threatening situation to the limit of their knowledge, skill and experience.

Name of Parent/Caregiver

Signature of Parent/Caregiver.....

Date.....