

WINDSOR PRIMARY SCHOOL

ADMINISTRATION OF MEDICATION POLICY

A diverse and inclusive community where everyone is respected and has the opportunity to thrive.

PURPOSE

To explain to parents/carers, students and staff the processes Windsor Primary School will follow to safely manage the provision of medication to students while at school or school activities, including camps and excursions.

SCOPE

This policy applies to the administration of medication to all students. It does not apply to:

- the provision of medication for anaphylaxis which is provided for in our school's Anaphylaxis Policy
- the provision of medication for asthma which is provided for in our school's Asthma Policy
- specialised procedures which may be required for complex medical care needs.

POLICY

If a student requires medication, Windsor Primary School strongly encourages parents to arrange for the medication to be taken outside of school hours. However, the school understands that students may need to take medication at school or school activities. To support students to do so safely, the school will follow the procedures set out in this policy.

Authority to administer medication

If a student needs to take medication while at school or at a school activity:

- Parents/carers need to provide written advice to the school which details:
 - the name of the medication required
 - the dosage amount
 - the time the medication is to be taken
 - how the medication is to be taken
 - the dates the medication is required, or whether it is an ongoing medication
 - how the medication should be stored.
- Parents/carers must arrange for written advice to be provided in a [Medication Authority Form](#) (see Appendix A) except for:
 - general first aid medication
 - asthma medication – covered in the Asthma Action Plan
 - anaphylaxis medication – covered in the ASCIA Action Plan for Anaphylaxis

- epilepsy emergency medication – covered in the Epilepsy Emergency Medication Plan.

If a medication is prescribed, or given every day, parents/carers must provide written evidence from the student's medical/health practitioner that it is needed. Acceptable written evidence includes:

- the Medication Authority Form signed by the prescribing health practitioner; or
- prescribed and dispensed medication in its original container or packaging with a current and original label (pharmacy label) that is stored at school; or
- original label (pharmacy label) directly sighted and photocopied by school staff; or
- a signed letter from the prescribing health practitioner (for example, GP or specialist letter or hospital discharge letter); or
- a completed and signed action or management plan from the prescribing health practitioner.

If advice cannot be provided by a student's medical/health practitioner, the Principal (or their nominee) may agree that written authority can be provided by, or the Medication Authority Form can be completed by a student's parents/carers.

- The Principal may need to consult with parents/carers to clarify written advice and consider student's individual preferences regarding medication administration (which may also be provided for in a student's Student Health Support Plan).

Parents/carers can contact the school office for a Medication Authority Form.

Administering medication

Any medication brought to school by a student needs to be clearly labelled with:

- the student's name
- the dosage required
- the time the medication needs to be administered.

Parents/carers need to ensure that the medication a student has at school is within its expiry date. If school staff become aware that the medication a student has at school has expired, they will promptly contact the student's parents/carers who will need to arrange for medication within the expiry date to be provided.

If a student needs to take medication at school or a school activity, the principal (or their nominee) will ensure that:

1. Medication is administered to the student in accordance with the Medication Authority Form so that:
 - the student receives their correct medication
 - in the proper dose
 - via the correct method (for example, inhaled or orally)
 - at the correct time of day.
2. A log is kept of medicine administered to a student.
3. Where possible, two staff members will supervise the administration of medication.
4. The teacher in charge of a student at the time their medication is required:
 - is informed that the student needs to receive their medication
 - if necessary, release the student from class to obtain their medication.

Self-administration

In some cases it may be appropriate for students to self-administer their medication. The principal or nominee may consult with parents/carers and consider advice from the student's medical/health practitioner to determine whether to allow a student to self-administer their medication.

If the principal or nominee decides to allow a student to self-administer their medication, the school may require written acknowledgement from the student's medical/health practitioner, or the student's parents/carers that the student will self-administer their medication. This is preferably recorded in or attached to the Medication Authority Form. Note:

- this is not required for students with asthma or anaphylaxis as this is covered under the student's ASCIA Action Plan or Asthma Action Plan.
- The school will not permit a student to carry or self-administer a controlled medication or benzodiazepine at school, such as dexamphetamine or methylphenidate (Concerta, Ritalin). Note: it is the responsibility of parents/carers to notify the school if a medication is controlled.

Storing medication

The school will put in place arrangements so that medication is stored:

- securely to minimise risk to others
- in a place only accessible by staff who are responsible for administering the medication
- away from a classroom (unless quick access is required)
- away from first aid kits
- according to packet instructions, particularly in relation to temperature.

For most students, Windsor Primary School will store student medication at the front office.

The principal may decide, in consultation with parents/carers and/or on the advice of a student's treating medical/health practitioner:

- that the student's medication should be stored securely in the student's classroom if quick access might be required.

Warning

Windsor Primary School will not:

- in accordance with Department of Education and Training policy, store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the student's parents, carers or health practitioner
- administer as-needed medication for acute behavioural disturbance as a form of chemical restraint
- allow use of medication by anyone other than the prescribed student except in a life-threatening emergency, for example if a student is having an asthma attack and their own puffer is not readily available.

Medication error

If a student takes medication incorrectly, staff will endeavour to:

Step	Action
1.	If required, follow first aid procedures outlined in the student's Health Support Plan or other medical management plan.
2.	Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student.
3.	Act immediately upon their advice, such as calling Triple Zero "000" if advised to do so.
4.	Contact the student's parents/carers or emergency contact person to notify them of the medication error and action taken.
5.	Review medication management procedures at the school in light of the incident.

In the case of an emergency, school staff may call Triple Zero "000" for an ambulance at any time.

COMMUNICATION

This policy will be communicated through our:

- School website (publicly accessible)
- Usual school community communication platform (e.g. Compass)
- Staff communication

This policy will also be communicated to our school community in the following ways

- Annual communication to school community
- Included in school newsletter
- Made available in hard copy from school administration upon request

REVIEW CYCLE

Policy last reviewed	November 2025
Approved by Principal	February 2026
Acknowledged by School Council	March 2026
Next scheduled review date	August 2029

Appendix A

Medication Authority Form – Parent/Carers

This form is not needed for anaphylaxis, asthma or emergency epilepsy medicine. Please give school a copy of your child's action or management plan.

This form is needed for all other medicine, including medicine:

- that does not need a prescription (over-the-counter), like paracetamol, ibuprofen or hay fever medicine
- given only when your child needs it.

This form makes sure staff know:

- why a medicine is needed
- the right way to give it
- how to give back unused medicine to you.

When you fill in this form, you give written consent for school staff to:

- give a medicine to your child
- call you if there are any questions about giving medicine
- call the pharmacist or doctor if there are any questions about giving medicine
- hold this health information to help your child, following law and the department's Privacy policy
- if appropriate, allow your child to carry and take their own medication.

If you can, give your child medicine **OUTSIDE** school hours. For example, medicine needed 3 times a day can be given before school, after school, and before bed.

For **ALL** medicine, please check:

- your child has taken this medicine before
- medicine(s) is in original package or box – speak with your pharmacist or doctor if you need other options
- medicine(s) is clearly labelled with your child's name and date of birth, like a pharmacy label
- medicine(s) is not out of date

For prescription medicine, the school needs to know that it is approved by a doctor, nurse practitioner or other health professional who can prescribe medicine. You must provide one of the following:

- pharmacy label on package or box, **OR**
- pharmacy label checked and photocopied by school staff, **OR**
- doctor, nurse practitioner or other health professional has signed form, **OR**
- a letter, action or management plan signed by a health professional.

If a child lives between separate homes, it is the parent or carers' responsibility to make sure there is medicine at home. These arrangements must be made **OUTSIDE** of school.

If the student wants to independently carry and take their own medicine at school, they must have **[school principal or delegate]** approval. Please contact **[insert school contact here]**.

Students cannot carry or take their own controlled medication, or any benzodiazepine, without staff supervision.

- A controlled medication is labelled "CONTROLLED DRUG" on the package or box.
- You can check with your pharmacist or call 1300 MEDICINE (1300 633 424, Monday to Friday 9 AM to 5 PM).

If you have questions or need help with this form, speak with our school on **[contact details]**.

Privacy notice

The form will be collecting the information about your child's medication and how and when it should be taken. All this information will be used to ensure that your child is given medication correctly. If not all the information is provided on the form, it may affect our ability to provide medication to your child.

Information provided in the form will be stored securely in the department's systems, with access restricted to those providing your child with medication, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy.

All information will be handled in accordance with the Privacy notice provided in this form and Victorian privacy laws and the department's policies regarding privacy and records.

For further information on this Notice, or to request access and correction of personal information, please email **[insert appropriate school email]**.

Medication Authority Form

Student name:		Student date of birth:	
Name of medication:			
What is this medication for?			
Start date:		End date:	
How much to give (dose)?		When to give (time)?	How is it given (route)?
[Example: no. of tablets; sachets; mL liquid]	[Example: recess; lunch; midday; as-needed (if X)]	[Example: by mouth; left/right ear; injection]	Supervision Instructions <input type="checkbox"/> Staff will give to student <input type="checkbox"/> Staff will watch and help student <input type="checkbox"/> Staff will remind student <input type="checkbox"/> Student approved to self-administer
How to give medication?		[Example: mix in mL water; more supervision instructions; student is learning to ...]	
How to store medication?		[Example: in fridge; student approved by principal/delegate to carry their own in bag ...]	
Type of medication?		<input type="checkbox"/> Prescribed	<input type="checkbox"/> Controlled
<input type="checkbox"/> Over-the-counter			
Name of medication:			
What is this medication for?			
Start date:		End date:	
How much to give (dose)?		When to give (time)?	How is it given (route)?
			Supervision Instructions <input type="checkbox"/> Staff will give to student <input type="checkbox"/> Staff will watch and help student <input type="checkbox"/> Staff will remind student <input type="checkbox"/> Student approved to self-administer
How to give medication?			
How to store medication?			
Type of medication?		<input type="checkbox"/> Prescribed	<input type="checkbox"/> Controlled
<input type="checkbox"/> Over-the-counter			
Who collects unused meds?		[Example: name of person who will collect from school staff each term ...]	
Authority to give medication at school (parent/carer to tick)			
<input type="checkbox"/> I consent for this medication to be given to the student during school or school-related activities, as per the instructions above. <input type="checkbox"/> I authorise the school to contact the pharmacist or prescriber on the pharmacy label or this form to check how to safely give this medicine. <input type="checkbox"/> I confirm that my child has had this medicine before. This is not the first time my child has taken this medicine. <input type="checkbox"/> I understand that we collect personal and health information to plan for and support the health care needs of our students which will be handled in accordance with the Privacy notice in this form.			
REQUIRED – Parent/carer name:	Parent/carer signature:	Contact number:	Date signed:
IF REQUIRED – Prescriber name:	Prescriber signature:	Contact number:	Date signed:
SCHOOL USE ONLY: authorization	<input type="checkbox"/> Original pharmacy label on package or box	<input type="checkbox"/> Signed letter, action or management plan	<input type="checkbox"/> Signed by prescriber above