

MEDICATION TO STUDENTS: ROUTINE, EMERGENCY AND OVER THE COUNTER PROCEDURES – ST FLANNAN’S CATHOLIC PARISH PRIMARY SCHOOL

School Responsibility	PARENT/CARER RESPONSIBILITY			
	<b>Long Term Medication</b>	<b>Short Term Medication</b> <i>(including prescribed and over-the-counter medication authorised by a medical practitioner)</i>	<b>Paracetamol</b> <i>(preparations that contain Paracetamol only shall be used. ‘Cold or flu’ mixtures or a combined preparation shall not be given)</i>	<b>Emergency Medication</b> <i>(for anaphylaxis, diabetes, asthma or epilepsy)</i>
	Upon new enrolment, parent/carer discuss and create an Individual Health Care Plan with school staff to be revised yearly.		New forms to be submitted to School Office annually.	Upon new enrolment, parent/carer discuss and create an Individual Health Care Plan with school staff to be revised yearly.
<b>Required</b> and kept in safe storage (medication) and on file (medication administration form) <b>before medication is administered by school staff.</b>	1. <u>STUDENT MEDICATION REQUEST FORM</u> completed by parent/carer	1. <u>STUDENT MEDICATION REQUEST FORM</u> completed by parent/carer	1. <u>AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY FORM</u> to be completed by parent/carer	1. <u>STUDENT MEDICATION REQUEST FORM</u> completed by parent/carer 2. <u>ACTION PLAN FOR ASTHMA</u> and/or <u>ACTION PLAN FOR ANAPHYLAXIS</u> and/or Action Plan for Diabetes and/or Action Plan for Epilepsy Completed & signed by medical practitioner
	Supply to School prescribed medication in original container and clearly labelled by pharmacist with: * Name of person authorised to take medication * Dosage * Date and time to be taken * <b>Medical Practitioner’s name</b>	Supply to school prescribed and/or over-the-counter medication in original container and clearly labelled by pharmacist with: * Name of person authorised to take medication * Dosage * Date and time to be taken * <b>Medical Practitioner’s name</b>	Supply to school Paracetamol medication in original container with the name of person authorised to take medication.	Supply to school prescribed medication in original container and clearly labelled by pharmacist with: * Name of person authorised to take medication * Dosage * Date and time to be taken * <b>Medical Practitioner’s name</b>