

# ST PETER'S COLLEGE

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## STUDENT MEDICATION MANAGEMENT PLAN

This record is to be completed by parent(s)/carer(s) in consultation with the student's Doctor. Please tick appropriate boxes and PRINT answers clearly in the spaces where indicated.

The College is collecting information on your child's medication requirements so that we can better manage their health while they are in our care.

The information on this plan is confidential. All staff members who care for your child will have access to this information. It will only be distributed to them to provide safe medication management for your child at school. Please contact the College Office at any time if you need to update this plan or if you have any questions about medication management at the College.

Please ensure any medication required is delivered to the College Office with the student's name, dose required, and the time it is to be given written by the Pharmacist at the Medical Practitioner's direction on the container or packaging.

### Student Details

Student's Name: \_\_\_\_\_

Gender: Male  Female  Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: (A/H) \_\_\_\_\_ (B/H) \_\_\_\_\_ Mobile: \_\_\_\_\_

### Medical Practitioner's Details

Doctor's Name: \_\_\_\_\_

Doctor's Telephone No.: \_\_\_\_\_



**Description of Condition** *(Please include signs and symptoms)*

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**Usual Treatment**

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**Medication Requirements during school hours**

Name of Medication: \_\_\_\_\_

Dosage required: \_\_\_\_\_

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**When is medication required?** \_\_\_\_\_

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**Treatment required if condition worsens**

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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Provider Number: \_\_\_\_\_



# Student Medication Policy

## Purpose

This policy aims to ensure the physical wellbeing of students who may need to take medication during school activities (internal and external).

## School Commitment

St Peter's College recognises that students may need to take prescribed and/or non-prescribed medication(s) during school activities (internal and external) and that student's continued attendance at school and benefit from education may be dependent on this therapy.

## Responsibilities

In order to ensure that health and safety is successfully managed within the school, the following responsibilities have been allocated:

### College Management

- Ensure that designated members of staff are authorised to take responsibility for keeping medication;
- Ensure that a thorough training program is developed, implemented and operating;

### College Office

- Ensure prior notice has been given to the College regarding the students condition/ requirements via parent authorisation letter (appendix A) and student individual medical plan
- Ensure student's individual management plan, is attached to student's records
- Ensure the student's individual management plan has been completed by the student's doctor and all first aid staff are aware of any specific medication needs
- Ensure student's individual management plan is updated annually or when the student's condition changes (as applicable)
- Ensure medicines are kept in a secure place, except for selected cases where the student is likely to need medication on demand
- Ensure medication prescribed for a particular student is retained solely for the use of that student
- Ensure that medication is disposed of or returned to parent(s) when the student leaves the College
- Ensure any medication taken by students is recorded on the College Administration System. Information to be recorded includes the date and time medication was taken, name of the medication and the dosage and method of administration, name of the student and name of first aid officer present. Where the medication is to be taken off-site a portable register will be supplied to the teacher in charge.

## **Procedure**

### **Parents**

- Provide written instructions for medication(s) (student medication management plan) from the student's doctor indicating:
  - The usual treatment needed by the student at school
  - The medical treatment and action needed if the student's condition deteriorates
  - Specific times at which the student should self-administer medication(s)
  - Dosage of medication(s) required
- Ensure the medication(s) is delivered to the College Office with the instructions (student's name, dose required, time to be given) written on the container by the pharmacist at the medical practitioners direction:
- Ensure that any change to the student's condition is conveyed to the College Office in writing

### **Other Requirements**

- Staff must not administer over the counter medications
- Staff & parents will be informed about the Student Medication Policy
- Teachers will consider student medication in their planning for activities
- Students are warned that sharing medication is not tolerated

Schools have been given an exemption under the regulations to stock asthma inhalers and generic Epipens in case of emergency.