



Formulated: May 2003
Approved: May 2003
Reviewed March 2008

MEDICATION (Administration by staff in non emergency situations)

Rationale:

The Board of Trustees has a duty to provide a safe physical and emotional environment and children have the right to receive prescribed medication during school hours if this enables them to access education. It is also acknowledged that staff has a right to choose whether or not to take responsibility for administering prescribed medication to children in non emergency situations.

Purposes:

1. To ensure that the BOT complies with the Education Act 1989 and the Human Rights Act 1993, both of which guarantee access to education
2. To ensure that in complying with (1) staff are not unreasonably required to perform actions normally undertaken by qualified health professionals or trained caregivers.

Guidelines:

1. Parents and guardians will be made aware of the school policy regarding the administration or prescribed medicines.
2. The Board will require parents or guardians to provide the school with a written statement that it is acceptable for a non-medical staff member to hold responsibility for administering prescribed medication to children.
3. The Board may take legal advice concerning the wording of any such statement or agreement, which is to be signed by a staff member, parent or guardian.
4. Prescribed medication will only be administered once an agreement or statement is signed and lodged at the school. A copy of the statement is attached to this policy. Nothing shall be administered orally to children unless the school has received written authorisation.
5. The school will take reasonable care but no responsibility with security where medicines and drugs are held or administered on school property.

Conclusion

Paekakariki School has a duty to comply with responsibilities under both the Education Act and the Human Rights Act and also accepts that the rights of individual staff members must be protected where administration of medicines is concerned.

Signed: Peter Mackie
Board Chair

**PARENT/GUARDIAN/CAREGIVER'S REQUEST FOR PAEKAKARIKI
SCHOOL TO ADMINISTER MEDICATION**

I/We request that (child's name) _____ of
(address) _____ be given
medication at Paekakariki School.

I/we accept that the school does not have a trained medical officer to administer
medications.

I/we accept responsibility for the decision to give this medication to my/our child, and
acknowledge the school is in no way responsible for that decision.

I/we also accept that the school cannot guarantee that the medication will be given at a
precise time or by the same person although every endeavour will be made to do so.

I/we will notify the school about any changes to dose and recommended time when
medication is to be given, and fill out a new request form.

Name of medication: _____

Dosage and time to be given at school: _____

Date when medication is to finish: _____

Special storage requirements i.e. in fridge etc: _____

Name and phone number of G P or Specialist (if applicable): _____

Signed: Full Name: _____

Relationship to Child: _____ Date: _____