



# K.C.C Giving Medication

Policies and Procedures Appendix 5

We need to ensure there is safe and correct management and administration of medicines at school. To do this, staff need to have clear guidelines and consent from parents.

These steps must be followed:

1. The parent requests a medicine administration permission form from the supervisor or co-ordinator,
2. The parents returns this form with the following information clearly stated:
  - a. Name of child
  - b. Date medication starts
  - c. The drug, the dose and the time(s) it should be administered
  - d. The last date to be administered, if a short term medicine (e.g. antibiotic)
3. The signed permission is filed with the co-ordinator. The supervisor holds a copy in the care centre
4. If there is a change or cessation of the medicine, this should be notified in writing to the supervisor or co-ordinator.
5. All medication to be stored in a secure cupboard, with the exception of any that may require refrigeration. This will be stored in the school office refrigerator.
6. Medication that has expired will not be administered. The parent will be advised of this and will be responsible for updating the medication.
7. If a staff member has concerns about administering the medication, this concern should be passed to the co-ordinator and, if necessary, the school principal to follow up with the parent.

The care centre does not accept responsibility for any medication children bring to school without this medical consent. (Self-medication, including asthma inhalers, is discouraged)

By signing the medicine administration permission form, the parent accepts that a 'non-medical' person will be administering the medicine.



# K.C.C Administration of Medication

Policies and Procedures Appendix 5

The staff of Koraunui Care Centre are willing to administer medication to your child under the following conditions:

1. That the medication is provided to the supervisor or co-ordinator by the parent.
2. That full details are provided on the form below and that the form is signed.
3. That the staff will take all reasonable steps to ensure that the medication is administered according to the instructions, but cannot be held responsible for:
  - a. Side effects of the medication
  - b. Not giving the medication on any particular occasion
  - c. Not giving the medication in accordance with the instructions
  - d. Monitoring the schedule for the giving of medication
4. That the parent accepts that a 'non-medical' person will be administering the medication.

If you accept the above conditions, please complete the form below.

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

For the treatment of: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Commencement date: \_\_\_\_\_ Finish date (if known): \_\_\_\_\_

*I accept the above conditions and give full permission for the medication to be given by Koraunui Care Centre staff as instructed above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Medication ceased: \_\_\_\_\_