



## EMMANUEL ANGLICAN COLLEGE

62 Horizon Drive Ballina NSW 2478

PO Box 624 Ballina NSW 2478

Phone: 02 66815054

Fax: 02 66813704

Email: [emangcol@nsw.quik.com.au](mailto:emangcol@nsw.quik.com.au)

[www.emmanuelcollege.nsw.edu.au](http://www.emmanuelcollege.nsw.edu.au)

4 December 2002

Dear Parents,

### ADMINISTERING MEDICATION TO STUDENTS

After long consideration by the school, we are seeking parents' cooperation in implementing the following procedures in relation to medication being taken by students at school. These procedures attempt to solve the ongoing problem of students forgetting to take medication, and also help the school maintain an accurate medical history for each student. Any student requiring medication at any time is requested to follow these procedures:

#### **Prescription medicines**

##### Kindergarten to Year 4 Students

All prescription medicines are to be handed in at the office and clearly labeled with the student's name, class, dosage and other necessary details. The office will advise teachers when notice for medication is required to be taken. At 10.45AM OR 12.45PM each day students will be asked to come down to the office to take their medicine. Parents are asked to adjust the medication times at home as much as possible so that the school is only involved in limited supervision of medication.

The office staff will supervise students while they take their medicine. The school cannot legally administer medicine; only supervise the student who must self-administer his or her medication. If a student refuses to take his or her medication then his or her parents will be notified immediately.

If your child requires medicine at other than the times noted above please contact the office. We will negotiate with parents regarding any special requirements.

### Year 5 to Year 8 Students

All prescription medicines are to be handed in at the office clearly labeled with the student's name, class, dosage and other necessary details. At 11AM OR 1PM each day students will be asked to come down to the office to take their medicine. Parents are asked to adjust the medication times at home as much as possible so that the school is only involved in limited supervision of medication.

The office staff will supervise students while they take their medicine. The school cannot legally administer medicine; only supervise the student who must self-administer his or her medication. If a student refuses to take his or her medication then his or her parents will be notified immediately.

If your child requires medicine at other than the times noted above, please contact the office. We will negotiate with parents regarding any special requirements.

### Senior School Students - Year 9 to 12

All prescription medicines are to be handed in at the office clearly labeled with the student's name and class. Senior School students can collect their medication at the time(s) they are required to take it. The office staff will not normally supervise the students, unless prior special arrangements are made with the office.

If special arrangements are made for the office to supervise the student, parents are asked to follow the Junior/Middle School procedure mentioned above.

### **Non-prescription medicines (Panadol, Cough medicine etc.)**

Students should follow the same applicable procedure listed above for prescription medication.

### **Special exemptions**

*Ventolin* and other "puffer type" asthma medication should remain with the student. If parents wish to nominate other situations or medicines for exemption please contact the office.

If any further details are required, please call Kris Beavis to discuss.

Yours truly,

Ian Martineau  
College Principal

## ADMINISTERING MEDICATION TO A STUDENT WHILE AT SCHOOL

Student:		Home Class:	
----------	--	-------------	--

I \_\_\_\_\_ hereby authorise Emmanuel Anglican College (“the College”) to administer the medication described below at the times stated below to my child \_\_\_\_\_.

I will provide the College directly/personally with the medication, in its original prescription packaging. The medication will be delivered to \_\_\_\_\_.

Medication and Dosage:

\_\_\_\_\_

Times of administering and location:

Day	Times	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I acknowledge that the administration of medication will be recorded in every instance using copies of the recording sheet shown below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/ Guardian (print name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature/ Date

MEDICATION ADMINISTRATION SHEET- STUDENT:  
Week beginning Monday \_\_\_\_\_

Day	Times	Location	Initial
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			