St Charbel’s College recognises the increased use of prescribed medicines within our society. The College is well aware that at any time any number of students may be prescribed medicines for temporary and/or ongoing medical problems. It is our responsibility to ensure that these medicines are taken responsibly and according to the correct dosages and guidelines as set out by the consulting medical practitioner.

It is therefore, our responsibility as a school and community to ensure the safety and welfare of our students and thus adopt the following guidelines with relation to the administration of prescribed medicines.

- If a child has to take any form of medication at school a written request is to be obtained from the parent.
- When regular medication is required, detailed advice is to be obtained through the parent from the student’s medical practitioner.
- Parents shall indemnify St Charbel’s College if:
  - regular medication is required
  - intermittent or emergency medication may be required.

**Quick Reference Guide for Prescription Medicines Administration**

The following is to be followed when medication is brought to school for student use.

1. ALL medication brought to school is to have the required information sent with it.  
   *Otherwise it is not to be administered*

2. Office staff to complete Prescribed Medicines Log.

3. When the medication is required, the students report to the office, where it will be administered with a supervising adult present.

4. Medication is to be collected from the office by the students at the end of the school day, where the Prescribed Medicines Log will be signed off.
Operating Principles

The parent/guardian in the K-6 department reports to the office and submits medication and necessary information to office staff, who complete the Prescribed Medicines Log. In Years 7-12, the student reports to the office to submit medication and necessary information.

The office staff will supervise the administration of the medication but will not be responsible for ensuring that the student comes to the office at particular times. It is therefore recommended that parents or caregivers also inform the class teacher that medication is required.

Before administration of any medication, parents or caregivers must provide relevant information (child’s name, medication required, time to be taken, dosage and parental consent) or complete the one or both of the attached forms, as appropriate:

- Permission to Administer Medication
- Notification of Children with Asthma.

Medication should only be administered from containers/packets which have written instructions. Parents should be asked not to send along single tablets. Particular attention should be paid to these requirements when students are working outside the usual classroom situation (e.g., whilst on excursion). These directions should be in writing and to be endorsed by supervising teacher.

Medication can not be shared between pupils.

The school will not administer aspirin, etc for headaches unless sent by parents with appropriate instructions.

All unused medication is to be returned to parents.

Non-prescribed oral medications (such as analgesics and over the counter medications) will not be administered.

No intravenous injections or rectal medications will be administered. Parents will be requested to attend to such medication personally.

An official register for the Administration of Medication should be kept in the main office and must contain a record of all occasions medicine is administered.

The designated medical officer should complete the register immediately after medication is administered.

The written request by the parent or guardian for the administration of medication must be held and kept in the register as this represents the agreement between parties.

All medications except asthma sprays are to be administered by the schools office staff and kept in a secure place.
Guidelines for Excursions and Camps

When a class or group will be leaving the College for excursions, camps, carnivals, etc the following guidelines are to be followed.

- The normal procedure for presenting medication at school is to be followed.

- The supervising teacher for the out of school activity will collect the medication and appropriate information from the office before leaving.

- The supervising teacher is to sign the medication out of the office on the Prescribed Medicines Log.

- Upon returning to school the supervising teacher will return the medication when necessary, or simply sign off the Prescribed Medicines Log, when it has been returned to the student.
ST CHARBEL’S COLLEGE

Permission to Administer Medication

Child’s Name:

Class:

Parent’s/Guardian’s Name:

Telephone Number:

Medication Required:

Time to be Taken:

Dosage:

Parent’s/Guardian’s Signature: _____________________ Date: _______
ST CHARBEL’S COLLEGE

Notification of Children with Asthma

Child's Name:

Class:

Parent’s/Guardian’s Name:

Telephone Number:

I give permission for my child to use the School's Ventolin and/or Volumatic if necessary. This will only be used when a child does not have his/her own Ventolin with him/her, or in case of an emergency.

Parent’s/Guardian’s Signature: __________________________ Date: ________
Pre-existing medical requirements

Before medication can be administered, parents or guardians must first make a written request to the Principal.

The parent/guardian will be required to report to the office and complete the relevant documentation:

- Notification and request by Parent/Guardian for the administration of medication during school hours. (Form 1)
- Deed of Indemnity. (Form 2)
- Request to Prescribing Doctor for Medical Details Including Permission for Release of Information. (Form 3)

Pre-existing conditions include:

- Procedures for dealing with Anaphylaxis (allergies) to bee stings, peanut butter, insect bites, grass, trees, etc must be written down by the parent/guardian, especially if the child could go into acute shock or have an extreme spasm affecting the airway.

- Parents whose child suffers from diabetes should make an appointment to see the Principal/delegate so that this can be discussed.

- When medication is to be administered, other than orally, an appointment must be made with the Principal/delegate so that this may be discussed as no intravenous injections or rectal medications will be administered by the College.

Reference

Catholic Education Office: Sydney and Parramatta Diocese.
I request that my child ______________________ of class: ______ to be (Student’s full name) allowed to take medication at school according to the instructions from:

<table>
<thead>
<tr>
<th>Full name of Prescribing Doctor:</th>
<th>Doctor’s contact number:</th>
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This medication has been prescribed for the following reason:

______________________________________________________________
______________________________________________________________
______________________________________________________________

I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify St Charbel's College and related parties on the terms of the attached Deed of Indemnity.

Parent’s/Guardian’s Name: ________________________________

Signature: ___________________________ Date: _______________
Deed of Indemnity

(FORM 2)

To be completed by the Parent or Guardian

In consideration of the members of staff of
St Charbel’s College

At my request administering medication to my son/daughter:

______________________________
Full name of Student

I hereby indemnify and agree to keep indemnified St Charbel’s College its
employees and agents, including the teachers and other staff from and against all
actions, suits, claims, demands, complaints and courses of action (including for or in
respect of death, personal injury or any alleged infringement of the rights of any
person) and the costs thereof in respect of or arising directly or indirectly out of such
administration of medication.

Signed by the said: _______________________

Parent/Guardian

In the presence of: _______________________

Signature of Witness

______________________________
Name of Witness

(Please print)

on this day: _______________________

Date
Request Prescribing Doctor for Medical Details Including Permission for Release of Information

(FORM 3)

Dear __________________________,
(Name of Prescribing Doctor)

Mr and Mrs________________________________________________________
(Initial and Surname of Parent/Guardian)

of ______________________________________________________________
(Address)

has informed me that his/her child: ______________________________________
(Full Name of Student)

requires the administration of medication during school hours.

Please complete the details on the form attached to assist the school staff to ensure that the student named above receives the necessary attention.

You will note (see below) that the parent/guardian has given permission for the information to be released.

Yours Sincerely,

Rev Fr Joseph Wakim                                             Date: __________________________
Principal

___________________________________________________________________

I __________________________ hereby give permission for the release of information to the
(Parent/Guardian name)
Principal of St Charbel’s College.

Parent’s/Guardian’s Name: ______________________________

Signature: __________________________     Date: __________________________
Medical Advice to School

(FORM 4)

To be completed by Prescribing Doctor

Student’s Full Name: ___________________________________________________

1. Medical condition(s) of the child requiring regular treatment:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. Essential medication requiring administration during school hours:

<table>
<thead>
<tr>
<th>Condition Name</th>
<th>Medication Name</th>
<th>Dosage</th>
<th>Time/s of Admin.</th>
<th>Special Instructions</th>
<th>Self Admin. Yes/No</th>
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3. Recommended restrictions on participation in school activities (eg sports, use of tools or machinery):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Recommended procedure in crisis situation:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Prescribing Doctor’s Name: _____________________________________________

Signature: ___________________________ Date: ___________________________
ST CHARBEL’S COLLEGE
142 Highclere Avenue, Punchbowl, NSW 2196
Phone: 9750 8455  Facsimile: 9750 8443

School Acknowledgement of
Request to Administer Medication

(FORM 5)

Date _______________________

Dear _______________________________________________________________

Name of Parent/Guardian

I have considered your request to administer medication to your child:

___________________________________________________________________

Full Name of Student

The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a layperson without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.

2. The attached form (notification of change to medication) must be completed before any changes to the medication and its administration can be implemented.

3. I understand that the information provided by you and the prescribing doctor may be discussed by the Principal with other members of the school staff.

Yours Sincerely,

Rev Fr Joseph Wakim
Principal
Notification of Changes to Medication
(FORM 6)
To be completed by Parent/Guardian

Student’s Full Name: ________________________________________________

Name of Prescribing Doctor: _________________________________________

Reason for change to medication: ____________________________________
___________________________________________________________________
___________________________________________________________________

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<th>MEDICATION DETAILS</th>
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<td>Condition Name</td>
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Parent’s/Guardian’s Name: ________________________________________________

Signature: ___________________________________________ Date: __________
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<th>Date</th>
<th>Student Name/ Class</th>
<th>Name of Medication</th>
<th>Reason</th>
<th>Expiry Date</th>
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<td>On Excursion</td>
<td>Teachers Name &amp; Signature</td>
<td>Time Taken Out</td>
<td>Time Returned</td>
<td>Administered</td>
<td>Special Notes</td>
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