



St. Joseph's Catholic School – LOCKHART

Medication & First Aid Information Policy

Allowances-

First Aid Allowance:

An employee who has been trained to render first-aid and who is the current holder of appropriate first-aid qualifications, such as a certificate from St John's Ambulance or Royal Life Saving Society or similar body shall be paid an allowance, if the employee is required by an employer to perform first-aid duty.

As certificates are only valid for a specific time frame, to continue with this allowance the employer must become re-accredited. Once the certificate has been presented a letter and a copy of the certificate must be sent to McAlroy House. This allowance is only available to support staff in schools.

Medication Allowance:

An employee who is required by an employer from time to time to dispense medication to pupils of the school shall be paid an allowance. Such allowance shall be in addition to the first aid allowance, if already paid to the employee. Again only support staff can obtain this allowance. At St Joseph's School, this nominated staff member is Margaret Firman.

If Medication is distributed by you: -

The school should have clear policies and procedures in relation to the administration of all medication. Particular attention should be given to Schedule 8 drugs (ie Ritalin and Dexamphetamine).

St Joseph's Lockhart and the CSO do not accept lightly the obligation to dispense medicines to pupils, however the system has an obligation to facilitate reasonably the attendance of students who have illness.

First Aid-

Hygiene in Schools and First Aid Procedures:

While cases of serious diseases in schools will be very rare, the dangers of such diseases make it important to re-emphasise basic hygiene in the school and to review first aid procedures. All staff are trained in First Aid every 3 years and CPR qualifications are updated annually.

Medication-

General Guidelines

At the beginning of each year, a note is sent to all parents to advise or update any ongoing medication that is needed for a child and these are kept on file. A medication / allergies list is to be completed and updated each year following this parental notification (more frequently if necessary) and kept on display in the Principal's office in addition to being kept on file on the Secretary's computer.

All medication should be in a container in which it was dispensed.

All medication should be clearly labelled with

- The child's name
- The Drug's name
- The dosage and frequency to be given
- The prescribing doctor's name

Staff involved in administering Ritalin or similar drugs need to be informed by the child's doctor (via the parents) of what to do if a dose is missed.

A medication register must be kept for all medication administered at school or an excursion. The medication register must have the following items

- Child's name
- Date administered
- Name of medication
- Dosage given
- Signature of adult administering medication

This register must be completed each day

- Any medications kept on the school premises are to be kept in an appropriate cupboard, near the staff area (not in classrooms).
- Alternative arrangements may involve parents/guardians if suitable staff are not available to administer the medication.
- Supervision is to be arranged where a student self administers medication ie diabetics.

Medication records from previous years are stored in a medication folder in archived files located in the Reading Recovery Room.

(For further information see Medication and First Aid Information Handbook – Diocese of WaggaWagga)

MEDICAL INFORMATION FORM

Student Name:

In the event of illness or an accident that requires medical attention, I permit staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. I further authorize qualified practitioners to administer anesthetic if such an eventuality arises.

Signature of Parent _____ Date _____

Contact Phone Number: Home:..... Work:..... Mobile:.....

MEDICATION INFORMATION:

Please provide the following information:

- Does your student have any medical condition/s that may affect his/her safety?
NO YES please specify below

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Eg. Asthma, fainting, seizures, allergies, diabetes etc...please include any medical allergies

- Will your student be carrying and or self administering any medication in relation to the condition/s listed above? NO YES

MEDICATION:

Parents are requested to make arrangements with the school for the safekeeping and handling of prescribed medications.

Are you a member of a Private Health Fund? NO YES please specify below

Name of Private Health Fund: _____ Number: _____

Medicare Number: _____ Expiry Date: _____

Please provide any other information about your child which will enable the school to provide better care for your student.

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