

ST THOMAS MORE CATHOLIC PRIMARY SCHOOL SUNSHINE BEACH

** In the way of Mary * Family Spirit * Presence * Simplicity * Love of work*



Important Medical Requirements

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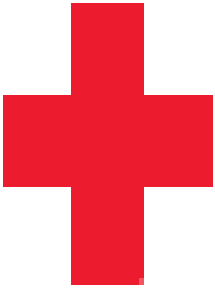
MEDICATION

Paracetamol can be administered to your child at school, provided the **School Authority to Administer Paracetamol form**.

The school can administer prescribed medication to your child when accompanied by the **Parent Request form / Prescribed Medication** and appropriately signed and completed by the parent and doctor.

The medication prescribed by the doctor must be presented with a chemist label that matches the name on the form and the prescribed medication and dosage.

All medication is administered to your child from sick bay. For the safety of all children, **MEDICATION IS NOT TO BE TAKEN TO THE CLASS ROOM or KEPT IN YOUR CHILD'S BAG.**



The Medical forms referred to are included in the Enrolment Acceptance package and are available from the school office.

Samples are shown on the following pages.

The Request to administer **Prescribed Medication form** and the **medication** must be handed in to the school office.

Due diligence and a Duty of Care are paramount for the safety of your child at St Thomas More School. It is therefore a requirement from Brisbane Catholic Education that their procedures to administer medication is followed.

We would like to thank all parents for their co-operation with these requirements.



ST THOMAS MORE SCHOOL

Ben Lexcen Drive, Sunshine Beach Q 4567



SCHOOL AUTHORITY FOR STAFF TO ADMINISTER PARACETAMOL IN EMERGENCY CIRCUMSTANCES

When Parent/Guardians cannot be contacted



I, Parent/Guardian give authorisation for my child/children (**as listed**) to be administered one **recommended age appropriate dose** of Panadol brand of paracetamol (*by school personnel*). This authorisation would be in the event that I/we cannot be contacted and school staff had concluded the medication was necessary, i.e. to reduce a fever or high temperature.

The decision to administer medication will be based on sound judgement and in consultation with the Principal or a member of the school Executive staff and/or from the Support Teacher/Inclusive Education.

Please print the full name of students attending St Thomas More School, covered by this indemnity Authority.

1. _____
2. _____
3. _____
4. _____

I understand the potential risks and side effects of this medication for my child and indemnify the school and its staff against any form of litigation in the event of administering paracetamol to my child/children without my consent. As legal guardian of the student/s listed above,

I Authorise St Thomas More School/ staff to take the necessary action in relation to the administering of Panadol brand of Paracetamol in an **emergency** situation.

or

I Do Not authorise St Thomas More School staff to take the necessary action in relation to administering of Panadol brand of Paracetamol in an **emergency** situation.

Parent/Guardian Signature

Parent/Guardian Name:

Please Print

Date:

Whilst the administration of medication is the responsibility of the parent or carer with legal responsibility for the student, school staff can assist a student with medication under the carer provision of the Health (Drugs and Poisons) Regulation 1996, where medication is given during school hours or at school activities. In the event a parent/guardian cannot be contacted and to ensure safe and timely medication is administered to your child/children, **please tick the appropriate box, print and sign your name and RETURN this form to the school office.**

Thank you for your support and understanding of the significant changes and requirements in the administering of 'school' medication.

Mr. Patrick Colley (Principal)



SECTION A

PARENT REQUEST FORM/ PRESCRIBED MEDICATION

This form must be completed for medication to be administered to your child during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training. The following points are for security and safety purposes, and are requirements of the *Health (Drug & Poisons) Regulation 1996 (Qld)*. **Parent or legal guardians are required to:**

- Complete **Section A (Part A & B)** and **Section B (Part B)** of this form. This request *may* include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- The student has received a dose at home without ill effects.
- Advise the school in writing and collect the medication when it is no longer required at school.
- A new form is to be completed if the student is prescribed a change in medication, and/or if the regime is re-started after the conclusion date of the initial instructions and/or at the beginning of each new calendar year.

Please return the completed form and medication (as per the details listed above) to the school office. Where possible, medication should be administered to your child at home at times other than during school hours.

Part A
MEDICATION INSTRUCTIONS AS PRESCRIBED BY A MEDICAL PRACTITIONER

These instructions are as prescribed by the student's Medical practitioner to enable the school to maintain its *duty of care* when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner's Name:	
Address:	
Name of Student:	
Name of Medication:	
Dose:	
Time to be taken:	
Commencement date:	
Conclusion date:	

Special arrangements: (e.g. monitoring the student after administration; restrictions on participation in school activities such as sports or use of machinery; side effects; emergency actions.)

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Part B
NOTIFICATION AND REQUEST BY PARENT/PERSON WITH LEGAL RESPONSIBILITY FOR STUDENT FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

I request administration of medication as instructed above for my son/daughter. I understand the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may arise against any school personnel relative to the administration of this medication to my child, according to the instructions provided above.

Full name of student:			
Date of Birth:		Grade:	

Signed: _____ Date _____
(Parent or person with legal responsibility for the student)

Contact details:	Mobile		Phone:	
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Form can be found on website for offic



SECTION B

PARENT REQUEST FORM/ PRESCRIBED MEDICATION

This form must be completed for medication to be administered to your child during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have formal medical training.

Part A is to be completed by your child's **Medical practitioner**.

Part B - As previously stated, is to be **completed by a parent or legal guardian**. Please return the completed form to the school office.

Where possible, medication should be administered to your child at home at times other than during school hours. Furthermore, for the Principal to undertake to assist in administering medication to your child, the following requirements must be met:

- Your child's medical practitioner must provide the information required in Section **PART A** below, and
- All medication supplied to the school for your child must be in a container labelled by a pharmacist, showing the name of the drug, the 'use by' date, the name of the student's medical practitioner, the name of the student, the dosage and the frequency of the administration.

**PART A
MEDICATION INSTRUCTIONS FROM THE MEDICAL PRACTITIONER**

These instructions are required from the student's **Medical Practitioner** to enable the school to maintain its *duty of care* when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner's Name: _____

Address: _____

Name of Student: _____

Diagnosis: _____

Name of Medication: _____

Dose: _____ Time to be taken: _____

Commencement date: _____ Conclusion date: _____

Special arrangements; (e.g. monitoring the student after taking medication; restrictions on participation in school activities such as sports or use of machinery; side effects and/or emergency actions).

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Signed by student's Medical Practitioner **Signature:** _____ **Date:** _____

**PART B
NOTIFICATION AND REQUEST BY PARENT/PERSON WITH LEGAL RESPONSIBILITY FOR STUDENT
FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION DURING SCHOOL HOURS**

I request administration of medication as instructed above for my son/daughter.

Full name of student: _____ Date of Birth: _____ Room No.: _____

Note 1: A new Student Medication Request Form must be completed:

- If the dose or type of medication is altered;
- If the regime is re-started following the conclusion date of the instructions from the medical practitioner above;
- At the beginning of each new calendar year.

Note 2: This form is only valid when instructions from the student's medical practitioner have been provided above (See Section 1).

Signed : _____ Date: _____

(Parent or person with legal responsibility for the student)

Form can be found on website or office

INFECTIOUS /COMMUNICABLE DISEASES

RECOMMENDED 'TIME OUT'

For your interest and assistance in maintaining good health in the School, we reprint information obtained from the National Health and Medical Research Council document "Time Out – Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres" to prevent the spread of infectious diseases among staff and children.

For further advice and information on any of these conditions contact your doctor or the Sunshine Coast Population Health Unit on 5409 0600. It should be noted that the periods of exclusion given in the table below are **MINIMUM PERIODS**. The Doctor who is treating the patient may increase them if convalescence is slow, **BUT THEY ARE NOT SHORTENED**.

<i>Condition</i>	<i>Exclusion of Case (person with infection)</i>
Chickenpox (Varicella)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised people and less in immunised people.
Cold Sores (Herpes Simplex)	Young children unable to comply with good hygiene practices should be excluded while sores are weeping (sores should be covered with a dressing where possible).
Conjunctivitis	Exclude until discharge from eyes has ceased unless non-infectious conjunctivitis.
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours.
Diphtheria	Exclude according to population Health Unit requirements.
Enterovirus Neurological Disease	Written medical clearance is required confirming the virus is not longer present in the child's bowel motions.
Haemophilus Influenzae Type B (HIB)	Exclude until appropriate antibiotic treatment completed. Written medical clearance is required to return to school.
Hand, Foot and Mouth Disease	Exclude until all blisters have dried.
Head lice Ringworm Scabies Tinea	Exclude until day after effective treatment has started.
Measles	Exclude for at least 4 days after onset of rash. Written medical clearance from doctor is required to return to school confirming child is not infectious.

Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics.
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed. Written medical clearance from doctor is required to return to school confirming child is not infectious.
Mumps	Exclude for 9 days after onset of swelling.
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours.
Poliomyelitis	Exclude for at least 14 days from onset of symptoms in case it has recovered. Written medical clearance from doctor is required to return to school – confirming the child is not infectious.
Ringworm, tinea, Scabies	Exclude until the day after appropriate treatment has commenced.
Rubella (German Measles)	Exclude until fully recovered or for at least four days after the onset of rash.
School Sores (Impetigo)	Exclude until appropriate antibiotic treatment has started. (Sores on exposed skin must be covered with a watertight dressing)
Streptococcal sore throat (incl. Scarlet Fever)	Exclude until well and child has received antibiotic treatment for at least 24 hours.
Tuberculosis (TB)	Written medical clearance is required from QLD Tuberculosis control Centre to return to school, confirming child is not infectious.
Typhoid, Paratyphoid	Exclude from school until, written medical clearance from doctor is required to return to school, confirming child is not infectious.
Whooping Cough (Pertussis)	Exclude for 5 days after starting appropriate antibiotic treatment or 21 days from the onset of coughing. Written medical clearance from doctor is required to return to school confirming child is not infectious.
Worms	Exclude if loose bowel motion present.

EXCLUSION IS NOT NECESSARY FOR THE FOLLOWING:

Cytomegalovirus (CMV), Glandular Fever, Hepatitis B & C, Molluscum Contagiosum, Parvovirus, Roseola, Thrush (Candidiasis), Human Immunodeficiency virus (HIV/AIDS virus) unless the child has a secondary infection which requires exclusion in its own right.