

# Administration of medications in Queensland state schools: Information for parents/carers and health practitioners

This information sheet provides advice for parents/carers and their child's health practitioner/s regarding the documentation required for Queensland state schools to safely administer medication to students while they are at school or school-related activities.

All medications you provide for the school to administer to your child must be prescribed by a qualified health professional who is authorised to prescribe medications under the Health (Drugs and Poisons) Regulation 1996 (Qld) e.g. doctor, dentist, optometrist. State schools refer to these professionals as 'prescribing health practitioners' (practitioners).

A blank *Medication order to administer 'as-needed' medication at school* is provided on the last page.

For further information, refer to the [Administration of medications in schools procedure](#) and the [Managing student's health support needs at school procedure](#).

## Information for parents/carers

### 1. For all medications

For medication to be administered during school hours and/or during school-related events, provide the school with:

- a completed [Consent to administer medication form](#).
- the medication with an attached pharmacy label, in its original container, with intact packaging.
- *Where the dosage of a medication requires **tablets to be halved**, parents/carers are to supply a **pill-cutter**, labelled with the student's name. The pill-cutter is to be stored with the student's medication and not used for other student's medication – to reduce the risk of cross-contamination. The remainder of a cut tablet is to be returned to the packaging.*

### 2. Where no additional information is required from your practitioner

If your child requires medication at a routine time (e.g. 11am every day), the pharmacy label attached to the medication provides the school with the instructions from the doctor/dentist needed to safely administer the medication. Examples of routine medication include Ritalin, antibiotics, eye/ear drops, enzyme tablets and ointments.

No other written information from the prescribing health practitioner is required.

### 3. Where you will need additional written information from your practitioner

As well as using the pharmacy label instructions, the school will need additional written information from the prescribing health practitioner if your child:

- a. **requires medication as an emergency response.** Depending on your child's health condition, your doctor will need to complete:
  - an Asthma Action Plan and/or
  - an Anaphylaxis Action Plan and/or
  - written instructions if your child has more complex health needs.
- b. **requires insulin.** Your doctor will need to complete a medication order for insulin.
- c. **requires medication 'as-needed' (but not as an emergency response).** Your health practitioner will need to complete a *Medication order to administer 'as-needed' medication at school* (see page 3).
- d. **has their dosage changed from that on the pharmacy label.** Your health practitioner will need to write a letter for the school explaining the changes. To assist the school in safely administering the medication to your child, you are encouraged to have your pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

## e. Information for prescribing health practitioners

Queensland state schools administer medications authorised by a qualified health practitioner (registered with the Australian Health Practitioner Regulation Agency) to support students' health needs if it is deemed that the administration of this medication is essential during school hours or school-related activities.

No further information or medical authorisation is required by the school where prescription medications are to be administered at a routine time during the day, have been dispensed by a pharmacist, and there is sufficient information on the pharmacy label to enable safe administration.

However, if you are prescribing medication as described below, please complete the relevant documentation and provide it to the parent/carer (or to the student if they are 18 years of age or older).

### 1. Emergency medication

Where medication is to be taken as an emergency response for asthma or anaphylaxis, please complete:

- an Asthma Action Plan and/or
- an ASCIA Anaphylaxis Action Plan.

### 2. Insulin

Due to the complexity of diabetes management, the school will require:

- a medication order for insulin (which provides medical authorisation) and
- a diabetes management plan developed by yourself and/or the diabetes treating team.

### 3. As-needed medication

Where medication is to be taken as needed in response to a student's symptoms (e.g. toothache, migraine), the school requires clear instructions to enable non-medically trained school staff to safely administer the medication.

The school will require:

- specific written instructions e.g. where school staff are required to administer medication as part of a health procedure (e.g. administration of medication through a gastrostomy tube) or
- a completed *Medication order to administer as-needed medication at school* (see page 3).

If you make subsequent changes to the student's medication dosage, or if instructions change from that described in a *Medication order to administer 'as-needed' medication at school* you have completed, please:

- update this medication order, initial and date the changes (if they are minor) or
- complete a new medication order.

### 4. Over-riding pharmacy label instructions

Where a student has been prescribed medication, but the medication dosage requirements change from that printed on the pharmacy label (e.g. from 1 tablet of Ritalin to ½ tablet of Ritalin), the school needs additional written information that includes all of the following:

- the name of the student
- the name of the medication
- the dosage change and the date the change is to be implemented from
- the prescribing health practitioner's signature and date, and
- attached evidence of the medical practice i.e. on a letterhead or stamp/sticker.

Please encourage the parent/carer to have their pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

**Privacy Statement**

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the student listed below while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given DoE permission or DoE is required or authorised by law to disclose the information.

**Medication order to administer 'as-needed' medication at school**

The following information will be used by Queensland state school staff to support the administration of 'as-needed' medication to the student named below at school or during school-related activities (e.g. camps, excursions).

Prescribing health practitioner to complete <u>all</u> sections below:			
<b>Student name</b>		<b>Date of birth</b>	
<b>Medication</b>		<b>Dosage and route</b>	
This medication is to be administered as: <i>(please select one or both)</i>			
<input type="checkbox"/> an emergency response <input type="checkbox"/> a non-emergency response			
Administer the medication when these signs and symptoms occur:			
The maximum number of dosages allowed over a 24-hour period are:			
The minimum length of time allowed between dosages is:			
The expected response the student would have after having this medication administered is:			
If there is no response in approximately ____ minutes, take the following action [e.g. call ambulance]:			
<b>Please note:</b> The school will notify the parent/carer if the student displays any suspected side effects following administration.			
Please indicate if additional information is attached (if required):    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Name of prescribing health practitioner:</b>		<b>Medical practice stamp/sticker:</b>	
<b>Signature of prescribing health practitioner:</b>			
<b>Date:</b>			
<b>Review date of this medication order:</b>			