

7 Wooltana Ave

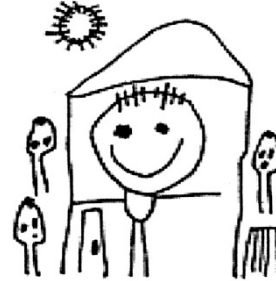
MYRTLE BANK SA 5064

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### **Administration of Medication Procedure (Policy Number #9)**

National Standards 2 and 4 Regulations 4,85-89, 90, 92-96,168,177-178,181-184

The administration of medication to children at the request of their parents is a task that requires attention to detail, meticulous record keeping, teamwork and common sense.

It is a responsibility that must be taken seriously, due to the potential health risks, and litigation issues that may arise as a result of incorrect administration.

In the interest of children's safety and wellbeing, Bertram Hawker Kindergarten staff will only administer medication if the medication is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given. This applies to all medications; regardless of whether they are non-prescribed (cough medicines etc) or prescribed (antibiotics). Pharmacies can provide dispensing labels for non-prescribed medication.

A completed Medication Administration Permission form must accompany the medication. Administration of puffers, antihistamines, etc must be in accordance with Health Care Plans.

### **Responsibilities of Staff**

During orientation staff will:

- clearly explain to parents the centre's policy for administering medication. It is important that parents understand both the centre's expectations and the parents' responsibilities prior to the child becoming ill;
- explain to all parents the centre staff are unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given;
- ensure parents fully complete the medication permission form;
- ensure parents deliver medication to a staff member, so that it can be stored securely and at the recommended temperature (in the fridge). It is vital that medication is not left in the children's bags where children may gain access;

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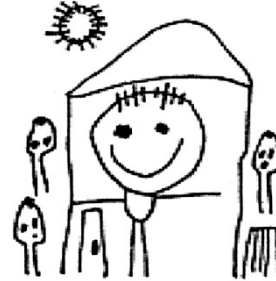
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- ensure medication is administered promptly at the prescribed intervals.

Two staff members must check all medication before being administered to children. The medication permission form is to be signed by the staff member administering the medication and the staff member who has cross-checked that the correct medication and dose has been given to the correct person at the right time according to the Medication Permission Form.

Staff will advise parents that the staff are unable to administer a medication at a different dosage or frequency other than that recommended on the medication label, unless alternative written advice is received from a medical practitioner.

Staff will also advise parents that the staff will not administer medication that is labelled for another person or that is past the recommended 'use by' date.

### **Responsibilities of Parents**

Complete/review a medication permission form when the child attends and medication is required. These forms should include details such as the name of the child, the name of the medication, dosage, storage requirements, how it is to be administered (eg ear drops, oral medicine,) and how often it is to be administered.

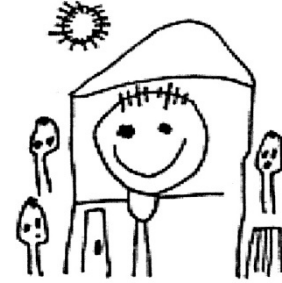
Hand the medication and the medication permission form to a staff member upon arrival at the centre. Parents must not leave medication in the child's bag.

Collect medication on departure from the centre.

Confirm the child was given the required medication by speaking with appropriate staff on collection of the child.

**Document approved by Governing Council: November 2017**

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## Medication Administration Permission Slip

In the interest of children's safety and well-being, Bertram Hawker Kindergarten shall only administer medication if it is in its original container with the dispensing label attached listing the child as the prescribed person, strength of drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescribed (such as teething gels, nappy creams, cough medicines, etc) or prescribed (antibiotics etc).

Child's full name: \_\_\_\_\_

Medical Practitioner/Chemist etc: \_\_\_\_\_

### Medication:

Name of medication \_\_\_\_\_

Date prescribed \_\_\_\_\_

Expiry date of medication \_\_\_\_\_

Reason for medication \_\_\_\_\_

Storage requirements \_\_\_\_\_

Time and date of last dose given \_\_\_\_\_

I request that the above medication be given in accordance with the instruction below:

Parent's full name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

### Instructions:

Please complete table and list any detailed instructions in the box eg route (eg oral, inhaler), dose (eg thin layer, number of drops/mls/number of tablets), before or after food.

[Redacted Area]					

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