

# PUTNEY PLAYGROUNDS KINDERGARTEN ADMINISTRATION OF AUTHORISED MEDICATION POLICY

---

## NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement - anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

## EYLF

LO3	Children are happy, healthy, safe and connected to others.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

## Aim

The service and all educators can safely administer any medication as necessary to children with the written authority of the child's parents. It is important to follow strict procedures to promote the health and wellbeing of each child using the service.

## Related Policies

Emergency Service Contact Policy  
Enrolment Policy  
Food Nutrition and Beverage Policy  
HIV AIDS Policy  
Immunisation and Disease Prevention Policy  
Incident, Injury, Trauma and Illness Policy  
Medical Conditions Policy

## Implementation

- The service will ensure each that the Administration of Authorised Medication Record is completed for each child using the service who requires medication. A separate form must be completed for each medication if more than one is required.
- Medication may only be administered by the service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parents to make decisions about the administration of medication.
- In the instance that the child's registered medical practitioner prescribes a medication, the service must ensure the medication is administered appropriately.
- Medication must be provided by the child's parents including the following -
  - Original container. Medication will only be administered from the original container.
  - Original label that is clearly readable.
  - Child's name clearly on the label.
  - Any instructions attached to the medication or related to the use of the medication.
  - Any verbal or written instructions provided by the child's registered medical practitioner.
- Any person delivering a child to the service must not leave medications in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.


## Emergency Administration of Medication

- **For anaphylaxis or asthma emergencies, please see below.**
- In the event of an emergency, the service must follow the Incident, Injury, Trauma and Illness Policy and complete the Incident, Injury, Trauma and Illness Record.
- In the event of an emergency and where the administration of medication must occur, the service must attempt to receive verbal authorisation by a parent of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.
- If a parent of a child cannot be contacted, the service must attempt to receive verbal authorisation from an emergency contact of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.

- If none of the child's nominated contacts can be reasonably reached, the service must contact a registered medical practitioner or an emergency service on 000.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form.

## **Emergency Involving Anaphylaxis or Asthma**

- For anaphylaxis or asthma emergencies, medication may be administered to a child without an authorisation following the information listed above under Emergency Administration of Medication.
- The service must contact the following as soon as practicably possible -
  - A parent of the child.
  - Emergency services.
  - The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

<b>Administration of Authorised Medication Record</b>		 Team
Nominated Supervisor's Name:	Date:	
Nominated Supervisor's Signature:		
Parent's Name(s):	Date:	
Parent's Signature(s):		

**Child's full name** \_\_\_\_\_

**FORM DECLARATION**

By signing this Administration of Medication Record, I declare that this Record has been completed taking into account the child's Medical Management Plan, Medical Conditions Risk Minimisation Plan, the advice of parents and the child's medical practitioner.

Details of any instructions for the medication are attached.

Name of Person Completing Form \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_

Time and Date Form Completed \_\_\_\_\_

**AUTHORISED CONSENT**

The individual, or individuals, listed below consent to the administration of medication to their child listed on the Administration of Medication Record below.

Parent's Full Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Time and Date of Signature \_\_\_\_\_

**OR**

Authorised Person Must be listed on the child's Enrolment Form

Authorised Person's Full Name \_\_\_\_\_

Authorised Person's Signature \_\_\_\_\_

Time and Date of Signature \_\_\_\_\_

# Administration of Authorised Medication by the Service

Separate form required for each medication.

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

Full of Name of Medication	Expiry or Use-By Date	Circumstances for Administration	Dosage Required	Administration Instructions
<input type="checkbox"/> Original Container <input type="checkbox"/> Original Label <input type="checkbox"/> Child's Name Clearly on Label				

<b>Any Additional Instructions (if necessary)</b>

<b>Storage Instructions including Location of Storage</b>

Time and Date Medication Last Administered At Service	Time and Date Medication Administered	Dosage Administered	Name and Signature of person who Administered the Medication	Time and Date (or the circumstances under which) Medication to be Next Administered At Service

Name and Signature of Witness	Time and Date Process Witnessed	Was the Identity of the Child Checked	Was the Dosage of the Medication Checked
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Sources

Education and Care Services National Regulations 2011

National Quality Standard

Early Years Learning Framework

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families

**Last reviewed: July 2016**

**Date for next review: July 2017**