1. POLICY STATEMENT

Many students attending school need medication to control a health condition. It is necessary that teachers (as part of their duty of care) assist students, where appropriate to take their medication. The school will ensure the student's privacy and confidentiality and will exercise sensitivity towards this issue to avoid any stigmatisation.

2. GUIDELINES

- Sunshine North Primary School will have an administration of medication procedure which outlines the school's processes and protocols regarding the management of prescribed and non-prescribed medication to students at this school.
- The student’s parents/guardians/carers may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.
- Students will generally need supervision of their medication and other aspects of health care management. The school in consultation with parents/guardians/carers and the student's medical/health practitioner may consider the age and circumstances by which the student could be permitted to self-administer their medication, however this may only occur in very rare circumstances.

3. IMPLEMENTATION

- Medication requirements will be communicated to parents via the school website and newsletters
- Medication requirements for asthma, anaphylaxis and other medical conditions will be identified at enrolment for new students attending Sunshine North Primary
- Medication requirements for asthma, anaphylaxis and other medical conditions for enrolled students will be updated each year
- The maintenance of all medication records and requirements will be the responsibility of the Principal (or Principal’s nominee)
- All medications, including prescription as well as non-prescription medication, including analgesics, such as paracetamol and aspirin and other medications which can be purchased over the counter without a prescription, are to be administered by the Principal (or Principal’s nominee) following the
Distribution of Medication Policy and Procedures

processes and protocols set out in the Medication Management Procedures (see Appendix 1) of the school. In order to ensure that the interests of staff, students and parents/guardians/carers are not compromised, medication will only be administered with explicit written permission from parents/guardians/carers/approved person, or in the case of an emergency, with permission of a medical practitioner.

- When administering prescription medication on behalf of parents/guardians/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacist’s label noting the name of the student, dosage and time to be administered. Analgesics, such as aspirin and paracetamol, can mask signs and symptoms of serious illness or injury and will not, therefore, be administered by the school, as a standard first aid strategy. Therefore analgesics will not be stored in the school’s first aid kit.
- The Principal (or Principal’s nominee) administering medication needs to ensure that:
  - the right child has the right medication and the right dose by the right route (for example, oral or inhaled) and at the right time;
  - permission to administer medication has been received from the child’s parents/guardians/carers or a medical practitioner.
- The Principal (or Principal’s nominee) will inform teachers of those students in their charge who require medication to be administered at the school. The teachers may be required to release students at prescribed times so they may receive their medications from the Principal (or Principal’s nominee).
- The relevant Medication Administration Log will be completed by the person administering the taking of medication (See Appendices 7 & 8).
- The school in consultation with parents/guardians/carers and the student’s medical/health practitioner will consider the age and circumstances by which the student could be permitted to self-administer their medication. Ideally, medication to be self-administered by the student should be stored by the school. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

Note: It is at the Principal (or Principal’s nominee) discretion to agree for the student to carry and manage his/her own medication.

4. EVALUATION

DATA COLLECTION AND ANALYSIS
The Principal or Principal’s nominee will lead the monitoring and evaluation and the promoting of the policy. The effectiveness of the policy will be reported to the school community.
Data will be collected regarding frequency and types of medication issues, so as to measure the success or otherwise of school-based strategies and approaches.
Some sources of data used are:

- Attitudes to School Survey
- School Level Report
- Parent Survey
- Data from case management work with students
- Data extracted from software such as CASES2 or SOCS.
- School Medication Records

REVIEW OF THIS POLICY
This policy will be reviewed annually and/or as required due to changes in DET regulations or circumstances. The review of this policy will be done in conjunction with the school’s annual self-evaluation undertaken as part of the school accountability framework.
SCHOOL COUNCIL RATIFICATIONS

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Author: Assistant Principal
Approval/Ratified: Sunshine North Primary School Council
Responsibility: Principal or Principal's Nominee

5. APPENDICES

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APPENDIX 1:
MEDICATION MANAGEMENT PROCEDURES

The school has developed procedures for the appropriate storage and administration of prescribed and non-prescribed medicines to students by school staff with reference to individual student medical information.

Student Information
Parents and/or guardians are required to keep the school informed of current medical contact details concerning students and any current medical conditions and appropriate medical history.
Every student who has a medical condition or illness has an individual management plan that is attached to the student’s records located in the office. This management plan is provided by the student’s parents/guardians/carers and contains details of:
- the usual medical treatment needed by the student at school or on school activities
- the medical treatment and action needed if the student’s condition deteriorates
- the name, address and telephone numbers for an emergency contact and the student’s doctor.

Administration of Prescribed Oral Medication
Medication Authority Form (Appendix 5/6) is available from the Office and should be completed by the medical practitioner and signed by the parents/guardians/carers are required to inform the Principal (or Principal’s nominee) in writing of any prescribed medication that students need to take in school hours. Where medication is required in spontaneous situations, detailed administration instructions should be provided, for example in the case of asthma attacks.
All medication sent to school is to be administered by The Principal(by Principal’s nominee) and, parents/guardians/carers are required to supply medication which outlines the name of the medication, name of the student, the dose, and the time it is to be given.
Where medication for more than one day is supplied, it is to be placed in the storage cupboard in the first aid room.
Certain students are capable of taking their own medication (usually tablets) while other students will need assistance from teachers. This information will be recorded on the individual student’s medication administration log.

Administration of Analgesics
Analgesics are only to be given following written permission of parents/guardians/carers and are to be issued by the Principal (or Principal’s nominee) who maintains a record to monitor student intake. Analgesics are to be supplied by the parents.

Administration of Asthma Medication
Asthma is an extremely common condition for Australian students. Students with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.

Symptoms of asthma commonly include:
- cough
- tightness in the chest
- shortness of breath/rapid breathing
- wheeze (a whistling noise from the chest)

Many children have mild asthma with very minor problems and rarely need medication. However, some students will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students with asthma can control their asthma by taking regular medication.

Student Asthma Information

All students with an Asthma Action Plan will be included in a visual display located in the First Aid Room Cupboard.

Every student with asthma attending the school will have a written Asthma Action Plan, ideally completed by their treating doctor or paediatrician, in consultation with the student’s parents/guardians/carers.
This plan is updated annually or more frequently if the student’s asthma changes significantly. The Asthma Action Plan should be provided by the student’s doctor and is accessible to all staff (located in the Asthma Folder found in the First Aid Room cupboard). It contains information including:
- usual medical treatment (medication taken on a regular basis when the student is ‘well’ or as pre-medication prior to exercise)
- details on what to do and details of medications to be used in cases of deteriorating asthma
  - this includes how to recognise worsening symptoms and what to do during an acute asthma attack
Distribution of Medication Policy and Procedures

- name, address and telephone number of an emergency contact
- name, address and telephone number (including an after-hours number) of the student's doctor.

If a student is obviously and repeatedly experiencing asthma symptoms and/or using an excessive amount of reliever medication, the parents/guardians/careers will be notified so that appropriate medical consultation can be arranged. Students needing asthma medication during school attendance must have their medication use; date, time and amount of dose recorded in the Medication Administration Log for Asthma located in the cupboard in the First Aid Room each time for monitoring of their condition. (See Appendix B)

Student Asthma Medication

Student's individual asthma medication will be located in the First Aid Room Cupboard and will be clearly labelled with the student's name. All student's will be required to have their own individual asthma spacer. There is to be no sharing of spacers between students.

There are three main groups of asthma medications: relievers, preventers and symptom controllers. There are also combination medications containing preventer and symptom controller medication in the same delivery device.

Reliever medication provides relief from asthma symptoms within minutes. It relaxes the muscles around the airways for up to four hours, allowing air to move more easily through the airways. Reliever medications are usually blue in colour and common brand names include Airomir, Asmol, Bricanyl, Epaq and Ventolin. These medications will be easily accessible to students at all times, preferably carried by the student with asthma. All students with asthma are encouraged to recognise their own asthma symptoms and take their blue reliever medication, with the use of their own inhaler, as soon as they develop symptoms at school.

Preventer medications come in autumn colours (for example brown, orange, and yellow) and are used on a regular basis to prevent asthma symptoms. They are mostly taken twice a day at home and will generally not be seen in the school environment.

Symptom controllers are green in colour and are often referred to as long acting relievers. Symptom controllers are used in conjunction with preventer medication and are taken at home once or twice a day.

Symptom controllers and preventer medications are often combined in one device. These are referred to as combination medications and will generally not be seen at school.

First aid kits must contain the following items for the administration of Asthma medication:

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- non reusable spacer devices to assist with effective inhalation of the blue/grey reliever medication
- clear written instructions on:
  - how to use these medications and devices
  - steps to be taken in treating a severe asthma attack
- a medication administration log for recording the details of the administration of asthma medication
The above diagram describes how to treat a student:

- suffering an asthma attack
- having difficulty breathing for an unknown cause, even if they are not a known asthma sufferer.

**Note:** For a student who is not a known asthma sufferer, this treatment:

- could be lifesaving if the asthma has not previously been recognised
- would not be harmful if the cause of breathlessness was not asthma.

**Warning:** Immediately call an ambulance (Dial 000) and state a person is having an asthma attack if:

- the student is having difficulties breathing, and not known to have asthma
- the student is having a severe attack; or
- you are concerned
- at any time the student’s condition suddenly worsens

**Delay in treatment may increase the severity of the attack and ultimately risk the student’s life.**

**Procedures for Excursions and Camps**

The team leader will nominate a staff member to coordinate all medication requirements on a school excursion and camp. The nominated staff member is required to inform the team leader of the medication requirements of identified children. The team leader will complete and sign the medication administration log for the excursion/camp. (See Appendix 8)
Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>Child's name</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

<table>
<thead>
<tr>
<th>This child's usual asthma signs</th>
<th>Frequency and severity</th>
<th>Known triggers for this child's asthma (eg exercise*, cold/flu, smoke) — please detail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Daily/most days</td>
<td></td>
</tr>
<tr>
<td>Wheeze</td>
<td>Frequently (more than 5 x per year)</td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td>Occasionally (less than 5 x per year)</td>
<td></td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Other (please describe)</td>
<td></td>
</tr>
</tbody>
</table>

Does this child usually tell an adult if s/he is having trouble breathing?  
Yes  No

Does this child need help to take asthma medication?  
Yes  No

Does this child use a mask with a spacer?  
Yes  No

*Does this child need a blue reliever puffer medication before exercise?  
Yes  No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

<table>
<thead>
<tr>
<th>Name of medication and colour</th>
<th>Dose/number of puffs</th>
<th>Time required</th>
</tr>
</thead>
</table>

Doctor

Name of doctor
Address
Phone
Signature  Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature  Date

Name

Emergency contact information

Contact name
Phone
Mobile
Email

Asthma Australia

asthmaaustralia.org.au  1800 ASTHMA (1800 278 462)
APPENDIX 3: ASCIA ACTION PLAN FOR ANAPHYLAXIS FOR USE WITH EPIPEN

Name: __________________________
Date of birth: ____________________

Confirmed allergens: ________________________

Family/emergency contact name(s): ________________________
Work Ph: ___________________________
Home Ph: ___________________________
Mobile Ph: _________________________

Plan prepared by: ________________________
Dr: _________________________________
I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: ______________________________
Date: ________________________________
Date of next review: ____________________

MILD TO MODERATE ALLERGIC REACTION
- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION
- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed)
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis.

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS
1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
4. Phone family/emergency contact.
5. Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally.
EpiPen® is generally prescribed for adults and children over 5 years. EpiPen® Jr is generally prescribed for children aged 3-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA
- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y □ N □ Medication: ________________________

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
Distribution of Medication Policy and Procedures

APPENDIX 4:
ASCIA ACTION PLAN FOR ALLERGIC REACTIONS

ACTION PLAN FOR Allergic Reactions

Name: __________________________
Date of birth: ____________________

Photograph

Confirmed allergens: ______________________

Family/emergency contact name(s): ______________________

Work Ph: ______________________
Home Ph: ______________________
Mobile Ph: ______________________

Plan prepared by: ______________________
Dr.: ______________________
I hereby authorise medications specified on this plan to be administered according to the plan.
Signed: ______________________
Date: ______________________
Date of next review: ______________________

MILD TO MODERATE ALLERGIC REACTION

• Swelling of lips, face, eyes
• Hives or welts
• Tingling mouth
• Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

• For insect allergy, flick out sting if visible. Do not remove ticks.
• Stay with person and call for help.
• Give other medications (if prescribed)..........................................................
• Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

• Difficult/noisy breathing
• Swelling of tongue
• Swelling/tightness in throat
• Difficulty talking and/or hoarse voice
• Wheeze or persistent cough
• Persistent dizziness or collapse
• Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2 Give adrenaline autoinjector if available.
3 Phone ambulance*: 000 (AU) or 111 (NZ).
4 Phone family/emergency contact.

Commence CPR at any time if person is unresponsive and not breathing normally.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

• Give adrenaline autoinjector FIRST, then asthma reliever.
• If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y ☐ N ☐ Medication: ______________________

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
Distribution of Medication Policy and Procedures

APPENDIX 5:
MEDICATION AUTHORITY FORM (ONGOING MEDICATION)

Medication Authority Form

For a student who requires medication whilst at school on an ongoing basis

This form should be completed ideally by the student’s medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Australia Asthma Care Plan for Schools should be completed instead. For those students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis should be completed instead.

Please only complete those sections in this form which are relevant to the student’s health support needs.

Name of School:

Student’s Name: __________________________ Date of Birth: __________

MedicAlert Number (if relevant): __________________ Review date for this form: __________________

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

<table>
<thead>
<tr>
<th>Medication required:</th>
<th>Dosage (amount)</th>
<th>Time/s to be Taken (eg orally/ topical/injection)</th>
<th>How is it to be taken?</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Medication/s</td>
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</table>

Medication Storage

Please indicate if there are specific storage instructions for the medication:

Medication delivered to the school

Please ensure that medication delivered to the school:

☐ Is in its original package

☐ The pharmacy label matches the information included in this form.

Self-management of medication
Distribution of Medication Policy and Procedures

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/guardians/carers, the school and the student’s medical/health practitioner.

Please advise if this person’s condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

Monitoring Effects of Medication

Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student’s behaviour following medication.

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

Authorisation:

Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:

Name of parents/guardians/carers or adult/independent student**:
Signature:
Date:

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians/carers (See Victorian Government Schools Reference Guide 4.6.14.5).
# MEDICATION AUTHORITY FORM (TEMPORARY MEDICATION)

| CHILD'S NAME: |  |
| GRADE: | DATE: |
| NAME OF MEDICATION: |  |
| PURPOSE OF MEDICATION: |  |
| DOSAGE: |  |
| SPECIAL REQUIREMENTS: |  |
| DURATION OF TREATMENT: |  |
| PARENT/GUARDIAN/CARER'S SIGNATURE: |  |
| OFFICE USE ONLY: DATE RECEIVED: | SIGNATURE: |
**APPENDIX 7: MEDICATION ADMINISTRATION LOG (for individual student)**

This log to be completed by the person administering the taking of medication.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Name of Medication</th>
<th>Tick When Checked (✓)</th>
<th>Comments</th>
<th>Name of staff (Please print &amp; initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Right Child</td>
<td>Right Medication</td>
<td>Right Dose</td>
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Name of Medication:  
Prescribed Dose:
**APPENDIX B:**
**MEDICATION ADMINISTRATION LOG (FOR ASTHMA, CAMP, EXCURSION)**

**MEDICATION ADMINISTRATION LOG** (for anaphylaxis, asthma, camp, excursion)

<table>
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<th>Date (dd,mm,yyyy)</th>
<th>Time</th>
<th>Name of Medication</th>
<th>Tick When Checked (v)</th>
<th>Comments</th>
<th>Name of staff (Please print &amp; initial)</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>Right Dose</td>
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<td></td>
<td></td>
<td>Right Route oral/inhaled</td>
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</table>
## SUNSHINE NORTH PRIMARY SCHOOL INJURIES REGISTER (for First Aid Room)

<table>
<thead>
<tr>
<th>DATE</th>
<th>STUDENT’S NAME</th>
<th>HOME GROUP</th>
<th>CAUSE OF ACCIDENT</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>STAFF INITIALS</th>
<th>NOTE SENT HOME</th>
<th>TREATMENT ACTION TAKEN</th>
</tr>
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Appendix 10: References/Links

References/links which are connected with this policy are:

- DET School Policy and Advisory Guide - Medication
- DET Anaphylaxis Website
- ASCIA Website (anaphylaxis)
- Asthma Australia Webpage
- Sunshine North Primary School Anaphylaxis Policy
- Sunshine North Primary School Enrolment Form
- Sunshine North Primary School Website