



Medication Policy

Barwon Valley School is committed to the safety and wellbeing of all children and young people and has zero tolerance for child abuse. (Child Safe Standards)



Help for non-English speakers

If you need help to understand the information please contact Barwon Valley School on 5243 1813.

PURPOSE

Many of the students at Barwon Valley School require medication during the school day. This is administered by teaching and education support staff. It is well documented in the health sector that medication errors are frequent and under reported. These errors cause major issues for the Student (patient/client), including consequences such as overdosing, under-dosing, exacerbation of side effects, hospital admission and possibly death.

Barwon Valley School staff have a duty of care towards student's safety at school, including safe administration and storage of medication. The primary goal of this policy is to ensure that medication management is as fool proof as possible with clear guidelines and education being vital tools.

This document has been based on the DET Medication Policy accessed on 3rd November 2025 via the link <https://www2.education.vic.gov.au/pal/medication/policy>

SCOPE

This policy applies to the administration of medication to all students. It does not apply to:

- the provision of medication for anaphylaxis which is provided for in our school's Anaphylaxis Policy
- the provision of medication for asthma which is provided for in our school's Asthma Policy
- specialised procedures which may be required for complex medical care needs.

POLICY

If a student requires medication, Barwon Valley School encourages parents to arrange for the medication to be taken outside of school hours. However, Barwon Valley School understands that students may need to take medication at school or school activities. To support students to do so safely, Barwon Valley School will follow the procedures set out in this policy.

Authority to administer

If a student needs to take medication while at school or at a school activity:

- Parents/carers will need to arrange for the student's treating medical/health practitioner to provide written advice to the school which details:
 - the name of the medication required
 - the dosage amount
 - the time the medication is to be taken
 - how the medication is to be taken
 - the dates the medication is required, or whether it is an ongoing medication
 - how the medication should be stored.

3. Storage of Medication

Medication must be stored in the original packaging unless it arrives in a Webster Pack. Medication will be stored in the locked classroom medication box or according to instructions, particularly in relation to temperature. Photo identification labels will be attached to this box for students requiring Emergency Medication. The box will be kept on a shelf in the storage room / kitchen between classrooms. Alternatively, medication will be kept in a locked cupboard or box, in or next to, the classroom of the student. Medications requiring refrigeration should be stored in a locked container in the classroom fridge. If the student moves outside the classroom/school, away from this locked storage and may require emergency medication, the medication will be taken with that student in a locked container and if necessary, inside a cooler bag with cold pack (see 2.(iv) above).

Exceptions to this rule are emergency Salbutamol puffers which are in zipped bags with spacers, inside the main Yard Duty bags (supervised) in each play area. Also, an emergency Epipen and Epipen Junior are stored in the Main Office on the wall behind the entry door. Students own epipens will be stored in red medication bags with photo identification, unlocked and in a simple to retrieve position but out of easy reach from other students.

4. Education of staff

Regular information updates and education via Professional Development regarding changes to the BVS Medication Policy will be provided to all staff.

5. Responsibilities of Parents / Carers

- Ensure your child's teacher has up to date medication information and provide medication supplies for your child when necessary.
- Make all reasonable attempts to give medication at home.
- Inform your child's teacher when there have been changes to your child's medication as this can affect your child's behavior at school.

6. Warning: BVS should not

- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the family or health practitioner.
- allow use of medication by anyone other than the prescribed student.

Note: Only in a life threatening emergency could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

7. Procedure if Medication Error occurs (eg. Incorrect dose of medication given, medication given to wrong student, given at wrong time, double dose given, etc)

Classroom Staff

- Follow First Aid procedures outlined in the ACSIA general Anaphylaxis Management Plan.
- Notify school nurse.
- Notify Principal Team
- Deploy a staff member to observe the student.
- Call Main Office to ring Ambulance if
 - a student's health is affected
 - you are directed to do so by the Poisons Information Line
 - you are concerned.
- Ensure that a detailed report is recorded, e.g. type of medication, time given, dosage administered, staff members present, action taken, etc.

Nurse or Principal Team

- Contact the POISONS INFORMATION LINE 13 11 26 with all information on hand.
 - age and gender of student
 - medication and dosage administered
 - regular medication and dosages
- Request likely effects and procedures that should be followed.
- Notify parent/carer – provide all information to date and continue with recommended procedure.

- Document actions, complete report and file in student's main file.
- Follow up with review of medication management procedures.

Communication

This policy will be communicated to our school community in the following ways

- Referred to in enrolment and yearly permission forms distributed to all families.
- Discussed at student free day at the start of each year
- Included in staff induction processes
- Discussed at staff briefings/meetings as required
- Discussed at parent information nights/sessions
- Discussed at student forums/through communication tools
- Made available in hard copy from school administration upon request

Further Information and resources

The Department's Policy and Advisory Library (PAL):

- [Medication Policy](#)
- [First Aid for Students and Staff Policy](#)

Our School policies and documents:

<https://www.barwonss.vic.edu.au/page/168/Policies>

Review Cycle

Policy last reviewed	November 2025
Approved by	Principal
Next scheduled review date	November 2027

Appendix 1: BVS Medication Administration Form as per Department of Education and Training Guidelines

<p>Medication Authority 2024</p> <p>Student's Name: _____ Date of Birth: _____</p> <p>Medication: (During School Hours) Please note: wherever possible, please give your child's medication at home, eg for a 3 times a day medication - give before school, after school, before bed.</p> <table border="1"> <thead> <tr> <th>Name of Medication/s</th> <th>Usage (amount)</th> <th>Times to be taken</th> <th>How is it to be taken? (eg orally/ topical/injection)</th> <th>Dates</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td>Medication Storage</td> <td colspan="4">Please advise if there are specific storage instructions for the medication.</td> </tr> <tr> <td colspan="5"> <p>School Medication Instructions</p> <p>All medication must be in the original packaging, with a Pharmacy Label, unless it is in a pre-packaged pharmacy Webster Pack or an Over-The-Counter medication.</p> <p>• Student's name must be clearly marked. • Name of medication • Is in original package • The label clearly matches the information included in this form</p> <p>PLEASE TURN OVER</p> </td> </tr> </tbody> </table>		Name of Medication/s	Usage (amount)	Times to be taken	How is it to be taken? (eg orally/ topical/injection)	Dates					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication	Medication Storage	Please advise if there are specific storage instructions for the medication.				<p>School Medication Instructions</p> <p>All medication must be in the original packaging, with a Pharmacy Label, unless it is in a pre-packaged pharmacy Webster Pack or an Over-The-Counter medication.</p> <p>• Student's name must be clearly marked. • Name of medication • Is in original package • The label clearly matches the information included in this form</p> <p>PLEASE TURN OVER</p>					<p>Medications: (After School Hours) In an emergency situation, we may need to be aware of medication your child takes out of school hours:</p> <table border="1"> <thead> <tr> <th>Name of Medication/s</th> <th>Dosage (amount)</th> <th>Times to be taken</th> <th>How is it to be taken? (eg orally/ topical/injection)</th> <th>Dates</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Start date: / / End date: / / - Ongoing medication</td> </tr> </tbody> </table> <p>Monitoring effects of Medication Please note: School staff are not responsible for the effects of medication and will seek emergency medical assistance if concerned about a student's health.</p> <p>Authorisation to Administer Medication At School</p> <table border="1"> <tr> <td>Name of Medical/Health Practitioner:</td> </tr> <tr> <td>Professional Role:</td> </tr> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td colspan="2">Contact Details:</td> </tr> </table> <p>Parent/Carer Name: _____ Parent/Carer Signature: _____ Today's Date: _____</p> <p>BVS VALUES: TEAMWORK, RESPECT, FUN, DIGNITY, SUPPORT</p>	Name of Medication/s	Dosage (amount)	Times to be taken	How is it to be taken? (eg orally/ topical/injection)	Dates					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication					Start date: / / End date: / / - Ongoing medication	Name of Medical/Health Practitioner:	Professional Role:	Signature:	Date:	Contact Details:	
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Appendix 2: BVS Student Medication Record Form as per Department of Education and Training Guidelines

BVS Values: TEAMWORK RESPECT FUN DIGNITY SUPPORT



Student Medication Record Chart

Student first name and surname: _____

Date (d/m/y)	Medication Name	Time given	Right Person (ID with 2 nd staff)	Right Dose (check with 2 nd staff)	Right Route, Oral, topical, PRN, inhaled, buccal	EXPIRY Date On packaging	Sign & Print Name	Sign & Print Name

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18/5/20