

## ADMINISTRATION OF AN ANALGESIC TO STUDENTS POLICY

Analgesics (Panadol or Nurofen) may be administered to students under the following circumstances:

- 1) Such medication can **only** be given to the student by a registered nurse and only if it is the nurse's professional opinion that this is the best treatment at the time.
- 2) The College Nurse is a Registered Nurse.
- 3) For students in **Prep to Year 3**, the College Nurse will contact a parent or guardian of the child prior to administering an analgesic.
- 4) For students in **Years 4 to 12**, the College Nurse will administer analgesics where no signed "Refusal of permission to administer an analgesic" has been received by the College. In such cases, students will be issued with a note to inform their parents of the time, type and amount of medication administered.
- 5) Included in this digital mailout is information about the policy, and the "Refusal of permission to administer an analgesic" form. This information will be distributed to new students at the time of enrolment.

## REFUSAL OF PERMISSION TO ADMINISTER AN ANALGESIC

Dear Parents/Guardians

From time to time a situation arises with a sick student where dispensing of an analgesic (e.g. Panadol/Nurofen) is appropriate treatment. The College policy is that such medication can **only** be given to the student by a registered nurse and only if it is the nurse's professional opinion that this is the best treatment at the time. At Saint Stephen's College, the College Nurse is a Registered Nurse. **This policy applies only to students in Years 4 to 12.** 

If you **do not wish** the College Nurse to administer an analgesic to your child at her professional discretion, and wish to be contacted first, please sign and return the attached form to;

The College Nurse Saint Stephen's College PO Box 441 OXENFORD QLD 4210

OXENFORD QLD 4	1210
Yours sincerely	
Bob Nicol	
Assistant to the Hea	dmaster – Administration and Compliance
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REF	USAL OF PERMISSION TO ADMINISTER AN ANALGESIC
Name of Child/ren:	
Class/Tutor Group:	
•	llege Nurse <b>DOES NOT</b> administer an analgesic to my child/ren, in Years <sup>2</sup> cting me by phone first.
<b>Contact Numbers:</b>	1
	2
	3
Parent/Guardian Sig	ynature: Date: