



Medication

Leaders need to know the issues and safety measures surrounding the administration of medication.

NON-PRESCRIPTION MEDICATION

During activities it is not uncommon that a child or young person may have a mild complaint such as a headache and request a non-prescription medication (e.g. paracetamol). These non-prescription medications should only be given when the child or young person's parent / carer has given permission, either on a registration form or verbally following a phone call at the time.

PRESCRIPTION MEDICATION

In some instances, you may have a child or young person attending an event or a programme who needs to use prescription medication (e.g. a diabetic child, or child taking antibiotics). In this case the parent / carer must provide clear, written instructions and permission.

In the case of chronic illnesses (e.g. allergies, diabetes, epilepsy, anaphylaxis etc.) which may require ongoing medication, emergency medication treatment or first aid, all appropriate leaders should be informed and aware of what is required. If necessary, a first aid plan and emergency management plan should be provided by the child or young person's doctor.

ADMINISTERING MEDICATION

Medication is administered only if:

- The medication is provided in its original packaging, complete with instructions,
- The label bears the child or young person's name,
- The medication has a current use by date,
- The name of the prescribing health professional, doctor, naturopath, or homeopath is provided,
- An emergency or first aid management plan has been provided and consulted (if appropriate),
- And a parent / carer has given permission.

Parents / carers should provide their permission and relevant information to the ministry leadership when their child begins regularly attending the group / program. A Medication Authority Form template is available on the Breaking the Silence website.

All medication, both prescription and non-prescription, preferably should be administered by a leader with a First Aid Certificate. Two leaders must be present while the medication is checked against its label (including the expiry date) and the information on the Medication Authority Form / Registration Form. If there is a discrepancy the medication must not be given. Both leaders must be present when the medication is administered and a record must be kept of what was administered, when and by whom. A template for keeping these records can be downloaded on the Breaking the Silence website. Medication must be stored in a separate, childproof container and refrigerated where necessary.

MEDICATION AUTHORITY PERMISSION FORM

PERMISSION

I, _____ (parent/ guardian) authorise _____ (name of program) of _____ church to administer the following medication to my child _____ (child's name).

Child's surname:	Child's first name:
Medication:	
Expiry date:	Dosage of each administration:
Times of day to be administered:	
Special instructions:	

I understand that **PRESCRIPTION** medication can only be given to my child if the medication is (please tick in presence of parent as each item is checked):

- in its original packaging
- has been prescribed for the above child
- is in a container bearing a pharmacy label showing the child's name
- has a current use by date
- has clear instructions

I understand that **NON-PRESCRIBED**, homeopathic, herbal or naturopathic medication will only be administered if (please tick in presence of parent as each item is checked):

- it is in a container with a label containing the child's name
- the name of the medication is clear
- there is a current use by date
- there are instructions or a letter from a pharmacist or the registered health professional

I understand that for any long-term medication, I must provide a letter from my doctor which states:

- the health condition being treated
- the purpose of the medication
- instructions on its administration
- side effects to monitor for
- an **emergency or first aid care plan** if relevant
- a date to review medication

EMERGENCY DETAILS

Emergency contact person/s:

Contact number/s:

Doctor's name:

Doctor's contact number:

Doctor's address:

I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

SIGNATURE

Parent / Guardian's signature:

Date:

Parent / Guardian's name (please print):

Representative of church's signature:

Date:

Representative of church's name (please print):

