



# MUTIARA INTERNATIONAL GRAMMAR SCHOOL SDN BHD

(391277-M)

DISCOVERING POTENTIAL • LEARNING TO CARE • RESPECTING DIFFERENCES

23<sup>rd</sup> May, 2018

Dear Parents/Guardians

As part of the upgrading of MIGS standards, we are trying to identify areas that are of concern, and which need some slight adjustment. The use of medicines in schools is one such area identified where we need to explain the risks and establish clearer working principles with parents and guardians in order to safeguard our children. This letter is to advise that we treat the subject of giving medicines to children at MIGS with the utmost care.

If at any time there is a need to identify and indicate that your child has a health condition which may require support at school, or when involved in school activities, for example, a school excursion, please be advised that school leadership needs to be informed. While the main role of the school is to provide education, we want to work with you to keep your child healthy and safe at school.

As such, I am forwarding a form to all parents that needs to be completed in the event that our school needs to be aware of medicines or requests the school nurse to administer them to children.

If there is any such need, please complete the attached form *Request for support at school of a student's health condition*, on the basis of information provided by your medical practitioner and return it to the Principal. (You may wish to discuss the information required with the medical practitioner.) The form includes sections where you can request the administration of prescribed medication and/or other assistance.

Please be aware that when I receive your request for support I will discuss it with the school nurse and relevant staff so that we can safely and effectively administer any medicines according to their labelled instructions.

Note also, that teachers are not trained health practitioners and by asking them to administer medicines without approval may cause unnecessary risk. Please advise me or the school nurse at any time if there are changes in the information about your child's health care needs or if I can assist you.

Yours sincerely

Stephen West

Principal





# MUTIARA INTERNATIONAL GRAMMAR SCHOOL SDN BHD

DISCOVERING POTENTIAL. LEARNING TO CARE. RESPECTING DIFFERENCES

## REQUEST FOR ADMINISTERING MEDICINES

This request form includes 4 sections:

1. Student details (page 1)
2. Request for administering prescribed medication (pp 2 and 3)
3. Request for other support (page 3)
4. Parent and emergency contact details (page 4)

Please remember to sign and date the form on page 5 before returning it to school.

### 1. Student details

First name: ..... Last name: .....

Date of Birth: .....

Current class as enrolled at this school: .....

Health/medical condition:

.....  
.....

Could your child experience an emergency reaction in relation to this condition?  
(please tick) Yes  No

Doctor's name/medical centre: .....

Doctor's address: .....

Doctor's phone number: .....

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

.....  
.....  
.....

*If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.*

**2. Request for administering prescribed medication to the student**

*Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.*

Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

What are you requesting the school to do? .....

.....  
.....

Expiry date of the medication: .....

*Note: If you can't provide this information now we will need to know the expiry date when the medication is given to the school.*

Special storage requirements if any (e.g. in refrigerator):.....

.....

Special instructions for administering the prescribed medication/s (e.g. must be taken with food or with a glass of water):

.....

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes                       No                       If Yes, Please provide more information:

.....

If your child administers his or her own medication at home, do you request that he or she self administers this medication at school?

Yes                       No

*Note: the Principal needs to approve a decision for a student to self administer.*

If yes, please describe what support your child needs to administer the medication in a non-emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

.....  
.....

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

Please name the person who will carry the medication to school:

.....

*Note: If you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.*

For some medications and some students, it can be appropriate for them to carry their own medication to and at school. For example, asthma reliever medication and pancreatic enzymes for cystic fibrosis. If your child is to carry their own medication we want to be able to support this and request some information so that we are well informed.

*Note: The school may still need you to provide the school with an additional supply of the medication for storage in central location/s within the school and for use if your child needs the schools help.*

Would you like the principal to consider a request for your child to carry their medication?

Yes                       No

*Note: The Principal needs to approve a decision for a student to carry their own medication at school.*

If yes, please describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

.....

.....

.....

*Note: Your child's medication should be clearly labelled with their name.*

### **3. Request for other support**

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

.....

.....

**4. Parent contact details**

Name: .....

Relationship to child: .....

Address: .....

Home phone: ..... Work phone: .....

Mobile phone: .....

Email: .....

Parent or carer signature: ..... Date: .....

**Privacy notice**

*The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by MIGS for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*