

Dear Parent/Guardian,

As a college, we highly value opportunities to develop and strengthen your child's character as well as their academic pursuits. Part of our ability to cater for this is your child's attendance in our camping program. These camps provide unique opportunities away from the regular classroom setting to see your child grow and thrive and are an integral part of the Pastoral Care program at Mueller College.

As a part of the college's camping program, we have updated our medication admissions policy and process. This will help ensure your child's medication is handled and administered in the best possible way, so your child receives the best care while on camp.

If your child requires or receives any medication, it is to be presented to the school nurse in a Blister Pack along with the Checklist Form prior to your child leaving for camp.

This will involve you obtaining a current medication summary from your doctor or GP and then visiting a pharmacist. Your pharmacist will need to dispense your child's medication in Blister Packs, which package tablets into individual, tamper proof cavities. This includes all types of medications such as over-the-counter medications, vitamins, and scheduled drugs. By having these tablets stored in blister packs, the school staff can easily identify the quantity of tablets provided to the school for administration to your child.

All other medications such as inhalers, liquids, and sprays will still require the Short-Term Medication Form to be filled out.

Our information was sourced from the local pharmacy. We advise a visit to the school recommended pharmacists:

**Good Price Pharmacy Warehouse
Rothwell Shop 2, 443/439 Anzac Ave**

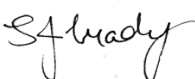
There is a small cost involved in this process. This cost can differ depending on the pharmacy you visit.

As this process now requires you to visit a medical practitioner, please ensure you allow sufficient time to process the request. Most pharmacies will require a 1-2 day turn around.

Students who require or receive any medication, will not be permitted to attend camp without a Blister Pack.

All existing medical information provided by you to Parent Portal will be used for the planning of our school camps. This letter only requires action from those who send their child to camp with medication. Further information will be sent home with your child's specific camp details.

Regards,



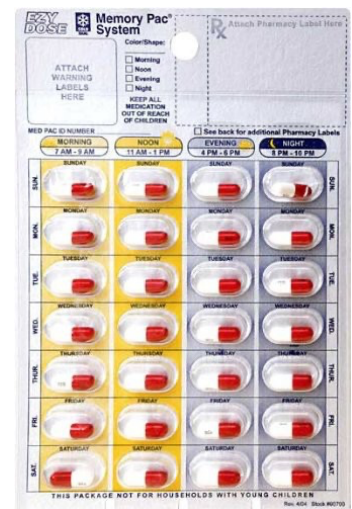
Sarah Grady
Head of Primary



Ben Stiller
Head of Secondary



Paul Vales
Head of College



(Example Blister Pack)



Sample letter to take to GP

LETTER OF REFFERAL

To Whom It May Concern,

My child currently attends Mueller College and is participating in an overnight camp. As part of the school policy, I am required to provide my child's medication in a Blister Pack.

The Camp is:

And is scheduled for the following dates:

This letter is requesting that the medication presented along with the Current Medication Summary from my GP be packaged in this way for the school to administer to my child during the above time.

Please ensure the Blister pack clearly outlines:

- Student details
- Name of medication
- Times
- Dosage
- Specific instructions on when to take such as with food, empty stomach, or before/after food.

Thank you for ensuring my child is best cared for.

Parent/Carer Full Name:

Signature:

Date:



(I) Blister Pack Checklist

Mueller College
Teaching & Learning
Variation Documents

Student Full Name:	Year/Form Class:
Camp Attending:	Date:

Checklist

The following is a checklist to ensure you have taken the correct steps in preparing your child to attend a school camp. It is advised that this process occurs at least 2 weeks before departure of the camp. Please ensure you do this earlier rather than later.

Please complete the following checklist for each Blister Pack being sent to camp for administering.

STEPS	WHAT TO DO	YES	NO
1	Read Blister Pack Information from school with regards to Blister Pack camp requirements	<input type="checkbox"/>	<input type="checkbox"/>
2	Visit GP to obtain current medication summary	<input type="checkbox"/>	<input type="checkbox"/>
3	Visit pharmacist to obtain blister pack Take current medication summary with medication or script to fill Ensure at least 2 days for this process	<input type="checkbox"/>	<input type="checkbox"/>
4	Is Blister Pack clearly labelled with Student's name?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is Blister Pack clearly labelled with prescribed with medication details (dosage time?)	<input type="checkbox"/>	<input type="checkbox"/>
6	Is the Blister Pack free from damage, secure and airtight	<input type="checkbox"/>	<input type="checkbox"/>
7	Present the Blister Pack Checklist form and Blister Pack to the College Health Room	<input type="checkbox"/>	<input type="checkbox"/>

Please Note

If you answered "**YES**" to all of the above questions, please take this form along with the medication in a labelled and sealed plastic bag to the college Health Room.

If you answered "**NO**" to any of the above questions you will need to return the Blister Pack to the Pharmacy for correction.

Please note:

- The medication WILL NOT be administered to the student if this completed and signed blister Pack Checklist form does not accompany the medication.
- It is the responsibility of the parent/guardian to ensure that all medication is correct. Mueller College staff will only be responsible for the correct administering of the medication.

Signatures

Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

School Nurse Name:	
Signature of Nurse:	Date:



(I) Over the Counter/Short Term Medication Order

Mueller College
Teaching & Learning
Variation Documents

This form can also be used for liquid or aerosol medications that cannot be put in a blister pack for the purpose of camps.

PARENT TO COMPLETE

Over the Counter medication must

- Be supplied in the original container
- Have dosage stated on the label
- Have the expiry date clearly visible and not be expired
- Dosage requested must not exceed the recommended dosage

Students Full Name:
Date of Birth:
Name of Medication:
Dose Required:
Reason for Medication:

Details of Parent/Guardian requesting administration of the above medication

Parent/Guardian Name:
Relationship to child:
Contact Number/s:
Signature:
Date:

SCHOOL USE ONLY – NURSE/FIRST AIDER TO COMPLETE

DATE	TIME	MEDICATION	DOSE	SIGNATURE