

Medication Administration Guidelines for Child Care Programs

A. Medication Administration Policy

The child care program will administer medication to children for whom a plan has been made and approved by the child care provider. Child care providers should request families to check with the child's health care provider to see if a dose schedule can be arranged that does not involve the hours the child is in child care. If a medication needs to be given during child care time it is recommended that parents request permission for two bottles of the same medication, one to be kept at the child care program and the other to be kept at home. This will help reduce the likelihood of a child missing doses of their medication.

This child care program will administer medication only if:

- the parent or legal guardian has provided written consent,
- the medication is available in an appropriately labeled container,
- the child care program has written instructions from a parent or legal guardian that meet the child care provider's criteria. These written instructions are based upon the information given to the parent or legal guardian by the health care provider prescribing the medication, and
- the child care provider knows how to administer the type of medication as required, knows about the potential reactions to the medication and how to respond to such reactions.

First Dose

Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child care day.

Special Health Conditions

Some children may need medicine that requires special administration like a child with a severe allergic reaction might require epinephrine through injection or a child with asthma may need emergency help with a bronchodilator. In these circumstances the child care program will work with the parents and the child's health care provider as a team to develop a health plan and obtain any necessary specialized instruction and support.

Storage

All medications are stored in a safe place, inaccessible to children. For medication requiring refrigeration, it is stored, separately from food in a covered and locked container.

Confidentiality

All medical information including information about medications is kept confidential and is not disclosed to others without written parental consent. To promote confidentiality all medical information should be kept in a locked file, never faxed, and medically related documents that are to be mailed are marked confidential.

B. Criteria for giving & recording prescription and over-the-counter medication

If you answer yes to all questions then the medication can be given.

Yes	No	Criteria for administering medication (prescription and over-the-counter)
		Has the medication policy been reviewed?
		Is the permission & instruction form completed and signed?
		Is the medication in the original child-resistant container?
		Is the medication in the container labeled by a pharmacist for prescriptions? OR Is the over-the-counter medication in the original container with the manufacturer's information?
		Are the child's first and last names on the container?
		Is the name of the medication on the container?
		Is the date the prescription was filled on the container?
		Is the name of the health care provider who wrote the prescription or recommended the over-the-counter medication on the container?
		Is the medication's expiration date on the container and current?
		Is the following information on the container consistent with the parental written instructions? Name of medication, Dosage, Time(s) of day to be given, Method of administering and Storage instructions
		Have I double-checked to make sure I have: the right child, the right medication, the right dose, the right time and the right route?

C. Written Permission & Instructions by Parent or Legal Guardian

Name of Child _____ Age _____ Weight _____

Name of Child Care Program/Provider _____

Health Care Provider who wrote the prescription _____ Phone _____

Pharmacist who filled the prescription _____ Phone _____

Name of Medication _____ Dosage _____ How to Administer _____

Purpose of Medication _____

Time(s) of day medication is to be given _____ Date Prescribed _____ Date last dose due _____

Possible side effects _____ Storage instructions _____

I hereby give permission for _____ (name of child care program/provider) to give the above medication to my child _____ (name of child) as instructed above.

Signatures Parent/legal guardian _____ Date: _____

Child care provider _____ Date: _____



I, _____, hereby authorize _____ (name of child care program/provider) to call the health care provider prescribing the medication described above to follow up with any questions concerning the administration of the medication, any side effects, or other concerns related to the administration of my child's medication.

I, _____, also authorize _____ (name of child's health care provider) to disclose information about my child's medication, side effects, or other concerns related to the administration of my child's medication by my child care provider _____. The purpose of this disclosure relates to my child care provider's administration of medication to my child in my absence.

I understand that by signing this authorization, I am authorizing _____ (name of child's health care provider) to disclose my child's health information as described above. I also understand that this health information could be re-disclosed by my child care provider as necessary in caring for my child, and, if so, may not be subject to federal or state laws protecting its confidentiality.

This authorization expires when my child no longer needs the medication. I have the right to revoke this authorization at any time by doing so in writing, except to the extent that the child's health care provider has already relied upon it.

.....

Signature: _____ (parent/legal guardian) Date: _____
(circle one)

Parent phone number _____

Child care provider phone number _____

