

ST. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

MEDICATION ADMINISTRATION POLICY

PAGE 14 OF THE ST. PATRICK'S PARENT HANDBOOK

If a child requires any medication while in our care, the parent/guardian must complete a Medication Authorization Form and bring the form, along with the medication, to our front office.

The Medication Authorization Form shall include:

- Child's full name
- Medication Type: Daily, As Needed, and/or Emergency Use
- Medication name and strength
- Date(s) to be administered
- Directions for use:
 - > Route (oral, topical)
 - > Dosage
 - > Frequency
 - > Time to be given
 - > Schedule
 - > Special instructions, if any
- Possible Side Effects/Anticipated Reactions
- Signature of parent and date of signature

Requirements for medication container/packaging:

- **Prescription Medication** is required to be in the original pharmacy container with the complete pharmacy label.
- **Non-Prescription Medication** is required to be in the original bottle packaging for the medication, which shall include the drug name, strength, and clear directions for use.
 - ◊ If a non-prescription medication label reads, "consult a physician," written authorization from a licensed health care provider will be required to accompany the medication.

All medication must be clearly labeled with the child's first name, last name, and the medication's expiration date. Medication shall not have an expired date. *We cannot administer expired medication under any circumstance.*

All medication, oral and topical including but not limited to: diaper ointments, creams, lotions, sprays, powders, gas drops, Vaseline, etc., must be kept in a locked location; either within the child's classroom or our front office. We cannot allow these items to be stored in diaper bags or backpacks.

Children who require **As Needed** or **Emergency Medications**, such as but limited to: an EpiPen, Benadryl, an inhaler, breathing treatments, etc..., shall have an attached 'Written Plan of Action' from a licensed healthcare provider and must include:

- Child's name
- Medication name and strength
- Method of administration
- Circumstances for administering 'As Needed' medication and/or Symptoms that indicate the need for 'Emergency' medication
- Actions to take once symptoms occur
- Description of how to use the medication
- Any applicable special instructions
- Signature of provider and date signed
- Signature of parent and date signed

All Medication Administration Forms shall be updated every six months or as needed.

When a parent administers medication to his/her own child on center premises, the medication administration shall be documented in our Medication Administration Log and signed by the parent administering the medication or staff member witnessing the medication administration.

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AUTHORIZATION TO GIVE MEDICATION

THIS PAGE IS TO BE COMPLETED BY PARENT/GUARDIAN OF STUDENT

CHILD'S FULL NAME: _____

This medication is to be administered: Daily As Needed For Emergency Use

If "As Needed" is checked above, parent MUST be notified via telephone prior to medication administration.

Medication Name* & Strength: _____

Dosage Amount/ Frequency: _____

How to be given: Oral Topical With Meal Before Meal With Water

Refrigerate Shake Well Other: _____

Time to be given/ Schedule: _____

Date(s) to be administered: _____

Possible Side Effects/Anticipated Reactions: _____

Special Instructions, if any: _____

Circumstances for Administering **Daily** or **As Needed Medication**: _____

Symptoms indicating need for **Emergency Medication**: _____

Actions to Take Once **Emergency** Symptoms Occur: _____

INITIAL BESIDE THE FOLLOWING MEDICATION ADMINISTRATION 'SAFETY CHECKLIST' ITEMS:

- _____ 1. The medication* is in the original child resistant container with readable pharmacy or manufacturers label affixed.
- _____ 2. Medication* is accompanied by information (*If prescription, pharmacy label or if OTC, written instructions from physician*) indicating child's name, prescribing physician, medication name, dosage, route, times to be given, duration to be given, pharmacy's name and phone number, issue and expiration date.
- _____ 3. Medication* is not expired.
- _____ 4. Administration instructions are filled out completely.
- _____ 5. Parents instructions match pharmacy or physician's instructions.
- _____ 6. Medication* is handed to an adult or placed where it is inaccessible to children.
- _____ 7. Medication* will be taken home every afternoon.

_____ **I understand that this medication* will be given according to the above directions, and that in any changes occur I must inform the staff and fill out a new form.**

_____ **I understand that this Authorization to Give Medication Form must be update every 6 months or as needed.**

Parent's Name *please print*: _____

Phone Number: _____

Parent's Signature: _____

Date: _____

Signature of Staff who reviewed information with parent: _____

This form expires on _____ (6 months from today or last date to be given)