VDSS MODEL FORM – FDH Page 1 of 2

Medication Administration - Decision to Administer

(Required by Standards for Licensed Family Day Homes 22 VAC 40-111-60 B 8)

Artmesa Banzon		Name of Family Day Home: Banzon Family Childcare
V	I (or other caregivers) WILL NOT admi prescription medication.	inister any medications – prescription or non-
	I (or other caregivers) WILL administer	ONLY prescription medication.
	I (or other caregivers) WILL administer <u>ONLY</u> EpiPens and prescription topical creams and ointments.	
	I (or other caregivers) ${f WILL}$ administer ${f ONLY}$ non-prescription medication.	
	I (or other caregivers) WILL administer <u>BOTH</u> prescription and non-prescription medication.	
	I (or other caregivers) WILL administer ONLY non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellant.	
Auth	orized Caregivers to Administer Prescript	tion and Non-Prescription Medications
in this media	s document will be permitted to administer pr	edications and is listed as a medication administrato rescription medications and non-prescription roducts such as sunscreen, diaper ointment and
		ion medications in accordance with the physician's o ith the standards of practice in the MAT training.
		cription medications at the dose, duration, and turer's label for the age or weight of the child.
		on as a medication administrator is approved to wing routes: topical, oral, inhaled, eye, and ear,

I understand that if a child in my family day home requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

medication patches and epinephrine using an auto-injector device.