

Medication Policy

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and Julia Green Extended Care (JGEC) to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in childcare.*

GUIDING PRINCIPLES and PROCEDURES:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to childcare, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider. Parents should also consider arranging for the school nurse administer medication if a dose is needed throughout the day.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to childcare to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to childcare. This is for the protection of the child who is ill as well as the other children in childcare.
3. Medications will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Medication Administration in School or Child Care" form is attached to this policy and will hereafter be referred to as the Administration Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the childcare provider.
4. "As needed" medications may be given only when the child's health care provider completes an Administration Form that lists specific reasons and times when such medication can be given.
5. Preventative products (sun screen and bug spray) will be treated as medications but will not require a physician signature unless there are off-label instructions being requested.
6. Medications and preventative products administered at JGEC will be distributed by a staff member, but must be administered by the student. The Site Director will designate a staff member to oversee the administration of the medication who will be informed of the child's health needs related to the medication and will be trained in the safe administration of medication in order to ensure the student administers properly.
7. Any prescription or over-the-counter medication brought to the childcare center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use at JGEC.
 - Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.



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- Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the childcare center.
8. Examples of over-the-counter medications that may be given include: Antihistamines, Decongestants, Non-aspirin fever reducers/pain relievers, Cough suppressants, Topical ointments, such as diaper cream or sunscreen
 9. All medications will be stored: Inaccessible to children; Separate from staff or household medications; Under proper temperature control; A small lock box will be used in the refrigerator to hold medications requiring refrigeration.
 10. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
 11. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
 12. Records of all medication and preventative products given to a child are completed in ink and are signed by staff. These records are maintained by JGEC. Samples of the forms used follow at the end of this policy
 13. Information exchange between the parent/guardian and JGEC about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
 14. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
 15. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
 16. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.
 17. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.

Parent/legal guardian Signature(s) _____ Date _____
_____ Date _____

Center Director/Designee Signature _____ Date _____



Medication Administration in School or Child Care

The parent/guardian of _____ ask that school/child care staff give the
(Child's name)
following medication _____ at _____
(Name of medicine and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider.

It is the parent/guardian's responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization to Administer Medication in School or Child Care

Child's Name: _____

Birthdate: _____

Medication: _____

Dosage: _____ Route _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____

Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Phone Number

Date

Please ask the pharmacist for a separate medicine bottle to keep at school/child care.

Thank you!



Medication Administration Log

School/Childcare Program _____

Child's Name: _____ Date of Birth: _____

Medication*: _____ Dosage: _____ Route: _____

Start Date for Medication: _____ End Date: _____

Special Instructions: _____

Name of Health Care Provider Prescribing Medication: _____ Phone: _____

Parent name: _____ Parent Work #: _____ Parent Home #: _____

	Week of:					Week of:				
	Mon Date	Tue Date	Wed Date	Thurs Date	Fri Date	Mon Date	Tue Date	Wed Date	Thu Date	Fri Date
A. M.										
P. M.										

Include Time Medication was Given and Initial If the child is absent, mark box with an "A" ; If the medication was not given, mark box "NG" . Document reason medication was not given in Comments.

***All controlled medications must be documented on a Controlled Substance Log**

Date & Comments:

Staff Signatures

Initials



Medication Incident Report

***This form is to be completed whenever any one of the "Rights" of Medication Administration is not in place.**

Student's Name: _____ Grade: _____ School: _____

Name of Medication/Dose _____ Time: _____ Route _____

Date and Time Incident Discovered: _____

Person Completing this Form: _____

Please describe the INCIDENT below. Always inform the school nurse or nurse consultant of this situation. If the student was injured during this incident, further documentation and reporting will be required.

	Describe the Exceptional Situation	Describe Action/Follow-Up Taken
Right Student?		
Right Medication?		
Right Dose:		
Right route:		
Right time:		
Right written orders signed and dated by parent and doctor?		
Right procedure? Other: _____ _____ _____		___ Parent Notified - date _____ time _____ ___ Nurse Notified - date _____ time _____ ___ Principal or Director Notified -date _____ time _____ ___ 911 or Poison Control

Comments/Corrective Action Taken:

Signature of Parent: _____ Date: _____



FIELD TRIP MEDICATION

Student's Name: _____ Age: _____

Teacher: _____ Grade: _____

Medication: _____

Dosage: _____ Route: _____

Time to be given: _____ Date: _____

Person Giving Medication:
(Signature)

Date and Time Medication was given:
(Date) (Time)

Please return this paper to the health room after the field trip. Be sure to document on the student medication log upon return to school. Thank you.

