



MEDICATION POLICY

- Medication is accepted only in its **original container**, labeled with **child's name**.
- Medication is **not** accepted if it is **expired**.
- Medication is given **only** with prior **written** consent of a child's parent/legal guardian. This consent on the medication authorization form includes **all of the following** (completed by parent/guardian):
 - child's name,
 - name of the medication,
 - reason for the medication,
 - dosage,
 - method of administration,
 - frequency (**cannot** be given "as needed"; consent must specify *time* at which and/or *symptoms* for which medication should be given),
 - duration (start and stop dates),
 - special storage requirements,
 - any possible side effects (from package insert or pharmacist's written information), *and*
 - any special instructions.

Parent /Guardian Consent

1. A parent/legal guardian may provide the sole consent for a medication, (without the consent of a health care provider), **if and only if** the medication meets all of the following criteria:
 - The medication is over-the-counter and is one of the following:
 - Antihistamine
 - Non-aspirin fever reducer/pain reliever
 - Non-narcotic cough suppressant
 - Decongestant
 - Ointment or lotion intended specifically to relieve itching or dry skin
 - Diaper ointment or non-talc powder intended for use in diaper area
 - Sunscreen for children over 6 months of age; **and**
 - The medication has instructions and dosage recommendations for the child's age and weight; *and*
 - The medication duration, dosage, amount, and frequency specified on consent do not exceed label recommendations.
2. Written consent for medications covers only the course of illness or specific episode (of teething, etc.).
3. Written consent for sunscreen is valid up to 6 months.
4. Written consent for diaper ointment is valid up to 6 months.

Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider

Health Care Provider Consent

1. The written consent of a health care provider with prescriptive authority is required for prescription medications and all over-the-counter medications that do not meet the above criteria (including vitamins, iron, supplements, oral re-hydration solutions, fluoride, herbal remedies, and teething gels and tablets).
2. Medication is added to a child's food or liquid only with the **written consent of health care provider**.
3. A licensed health care provider's consent is accepted in one of 3 ways:
 - The provider's name is on the original pharmacist's label (along with the child's name, name of the medication, dosage, frequency [cannot be given "as needed"], duration, and expiration date); *or*
 - The provider signs a note or prescription that includes the information required on the pharmacist's label; *or*
 - The provider signs a completed medication authorization form.

Parent/guardian instructions are required to be consistent with any prescription or instructions from health care provider.

Medication Storage

1. Medication is stored: _____
_____ (where).

It is:

- Inaccessible to children
- Separate from staff medication
- Protected from sources of contamination
- Away from heat, light, and sources of moisture
- At temperature specified on the label (i.e., at room temperature or refrigerated)
- So that internal (oral) and external (topical) medications are separated
- Separate from food
- In a sanitary and orderly manner

2. Rescue medication (e.g., EpiPen® or inhaler) is stored: _____
_____ (where).

(Location of rescue medications should be consistent in all classrooms.)

3. Controlled substances (e.g., ADHD medication) are stored in a locked container
_____ (where). Controlled substances are counted and tracked with a controlled substance form.

4. Medications no longer being used are promptly returned to parents/guardians, discarded in trash inaccessible to children, or in accordance with current hazardous waste recommendations. (Medications are not disposed of in sink or toilet.)
5. Staff medication is stored _____ (where), out of reach of children. Staff medication is clearly labeled as such.

Emergency supply of critical medications

For children's critical medications, including those taken at home, we ask for a 3-day supply to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not be picked up by a parent, guardian, or emergency contact – are stored _____ (where),
Medication is kept current (not expired).

Staff Administration and Documentation

1. Medication is administered by _____ (whom).
2. Staff members who administer medication to children are trained in medication procedure and center policy by _____ (director or designee). A record of the training is kept in staff files.
3. The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. A record of trained staff is maintained on/with the medication authorization form.
4. Staff giving medication document the time, date, and dosage of the medication given on the child's medication authorization form. Each staff member signs her/his initials each time a medication is given and her/his full signature once at the bottom of the page.
5. Any observed side effects are documented by staff on the child's medication authorization form and reported to parent/guardian. Notification is documented.
6. If a medication is not given, a written explanation is provided on authorization form.
7. Outdated medication authorization forms are promptly removed from medication binder/clipboard and placed in child's file.
8. All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Medication Administration Procedure

The following procedure is followed each time a medication is administered:

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
 - child's name,
 - name of the medication,
 - reason for the medication,
 - dosage,
 - method of administration,
 - frequency,
 - duration (start and stop dates),
 - any possible side effects, and
 - any special instructions

Information on the label must be consistent with the individual medication form.

3. Prepare medication on a clean surface away from diapering or toileting areas.
 - Do not add medication to child's bottle/cup or food without health care provider's written consent.
 - For liquid medications, use clean medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
 - For capsules/pills, measure medication into a paper cup.
 - For bulk medication*, dispense in a sanitary manner.
4. Administer medication.
5. **Wash hands** after administering medication.
6. Observe the child for side effects of medication and document on the child's medication authorization form.

- *We do not use bulk medication.
 use the following bulk medication:
 - diaper ointment
 - sunscreen

A medication authorization form is completed for each child receiving bulk medication.

Self-Administration by Child

A school-aged child is allowed to administer his/her own medication when the above requirements are met **and**:

1. A written statement from the child's health care provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance.
2. The child's medications and supplies are inaccessible to other children.
3. Staff supervise and document each self-administration.