

Medication Policy

Name of Program:	(License/Registration/CC Number):	
Program Type (Choose One): <input type="checkbox"/> Child Care Center <input type="checkbox"/> License Exempt Program <input type="checkbox"/> Family/Group Child Care <input type="checkbox"/> Head Start	Director/Administrator/Owner Name:	Contact Phone Number:
Address:		
City/Zip Code:		

Policy:

Choose one of the following:

1. _____ **does not administer any kind of medication.** Parents or guardians must come to the center/program to administer all medications or medication dosages will be scheduled when children are at home (if deemed appropriate by the healthcare provider).

_____, staff have been informed, read, understand, and agree to implement/abide by the Medication policy as written. We understand that non-compliance with this policy can result in adverse actions.

Print Name of Authorized Personnel:	
Signature of Authorized Personnel:	Date:

****If you do not administer medication do not fill out the remainder of the form.***

2. _____ **does administer medication to children as needed.**

- All medication is kept in the original container and labeled with the child’s name.
- All medication is kept locked and out of reach of children.
- Medication is only administered to the child for which the medicine is labeled and authorized.
- The child is only given the dosage amount specified on the label.
- Parents give written parental consent for medication to be administered to their child.
- Written parental consents include the name of medication, dosage, and times to be administered.
- Documentation of medication administration requests is maintained at the program.
- Our program maintains a medication log that documents the child’s name, name of medication, dosage, date, time, and name of person administering the medication.
- Medication errors are recorded, and parents/guardians are informed immediately.

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- Our program follows our emergency medications for allergic reaction(s) policies and procedures.
- All unused/expired medications are returned to the parent.
- Staff wash their hands before giving medication and after applying a medical ointment or cream.

Describe where medication is kept at your program.
Describe where your program keeps parent consent documentation to administer medication.
Describe where your program keeps the medication administration log.
Describe your program’s procedure for recording medication administration errors, include how parents/guardians are informed.
Describe your procedure for emergency medications for allergic reaction at your program.
List the name of persons who have the authority to administer medication requests for children at your program.



Medication Policy

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Print Name of Authorized Personnel:	
Signature of Authorized Personnel:	Date: