



MEDICATION ADMINISTRATION PACKET

Dear Lightbridge Academy Parents,

This Medication Administration Packet has been put together to help you better understand how medication administration will be handled at the center as well as to help us provide the best possible care for your child. This packet contains a Medication Administration in Child Care Policy as well as its accompanying documents and is in accordance with the most up to date state and federal regulations. Please take the time to read through the entire Medication Administration Packet and ask any questions that you may have. This packet includes the following:

- Medication Administration in Childcare Policy
 - Please read this policy, sign and return to the center.
- Permission to Give Medication in Child Care Form
 - This form needs to be completed by a health care provider and signed by both the health care provider and parent/guardian each time a child needs to receive medicine in the center. Each medication needs a separate form. Some examples of medication that this form is required for include, but are not limited to the following:
 - i. Prescription Medication
 - ii. Over the counter medication such as antihistamines, decongestants, fever reducers and cough suppressants
- Care Plan for Children with Special Health Needs
 - This form should be completed by the health care provider in the event a child has any special health needs including asthma or allergies. Each allergy requires its own form to be completed. Additionally, this form should be updated with any change of treatment or annually, whichever comes first. ***Please see your Director if your child requires this form.***
- Food Allergy and Anaphylaxis Emergency Care Plan
 - This form should be completed by the health care provider and signed by both health care provider and/or parent/guardian for any child with life-threatening allergies that require epinephrine auto injectors. This form should be updated with any change in treatment or annually, whichever comes first. ***Please see your Director if your child requires this form.***
- Asthma Action Plan
 - This form should be completed by the health care provider and signed by both health care provider and/or parent/guardian for any child with asthma. This form should be updated with any change in treatment or annually, whichever comes first. ***Please see your Director if your child requires this form.***



Ways to be prepared:

- ✓ Keep several copies of the Permission to Give Medication in Child Care Form on hand (in the diaper bag, glove box, etc.) so that any time you are taking your child to the doctor you will have it available. **Please remember that medication will not be administered without these forms completed by both a parent and health care provider.**
- ✓ Carefully read through the Medication Administration in Child Care Policy.
- ✓ Discuss any questions with the center Director.
- ✓ Sign and return the Medication Administration in Child Care Policy.
- ✓ If your child suffers from any food allergies or asthma, have your health care provider complete the appropriate action plans before your child's first day.
- ✓ If your child is currently in need of any prescription medications as described in the Policy, have your health care provider complete the Permission to Give Medication in Child Care Form and promptly return to the center. **Please remember that medication will not be administered without this form filled out and signed appropriately.**
- ✓ If your child is currently in need of over the counter medication as described in the Policy, have your health care provider complete the Permission to Give Medication in Child Care Form and promptly return to the center. **Please remember that medication will not be administered without this form filled out and signed appropriately.**
- Return all forms that pertain to the health and safety of your child, including a record of immunizations and a Commonwealth of VA School Entrance Health Form, to the office upon registration, before your child's first day.



Medication Administration in Child Care Policy

PURPOSE: This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time in child care.

INTENT: Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.

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 child care, 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.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medicine as a treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by a child's health care provider and with written consent of the child's parent/legal guardian. A Permission to Give Medication in Child Care Form is attached to this policy and will be referred to as the Permission 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 child care provider.
4. "As needed" medications may only be given when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care 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 in child care.**
- 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.
- Any OTC medication without instructions for administration specific to the age of the child receiving the medication must have a completed Permission from the health care provider prior to being given in the child care center.

7. 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. Prescription diaper cream will require a Permission Form.

8. 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.
- Life-saving medication will be stored in the child's classroom

9. Single dose medication or sample doses from the physician's office will not be administered.

10. For safety reasons, medications or procedures that are considered invasive will not be administered or carried out. Examples of invasive medications and procedures include:

- Eye drops
- Ear drops
- Nose drops
- Taking temperature orally or rectally



11. For safety reasons, procedures that are considered unsafe will not be carried out. Examples of unsafe procedures include:
 - Splinter removal
 - Bee sting removal
 - Tick removal
 - Nail cutting
12. 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 will not be missed.
13. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or able to be used by the child.
14. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached and include:
 - Permission to Give Medication in Childcare
 - Commonwealth of VA School Entrance Health Form
 - Emergency Contact Sheet
 - Medication Administration Log
 - Medication Incident/Error Report
15. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and picked-up from the Center. Parents/guardians should share with staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with staff from the center to the parent/guardian.
16. 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.
17. 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.
18. 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 Center 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.

19. Parent/guardian will read and have the 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.

EFFECTIVE DATE OF THIS POLICY:
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Parent Signature:	Date:
Parent Signature:	Date:
Director/Designee Signature:	Date:

References: Information for the Medication Administration in Child Care policy was derived from the current **Manual of Requirements for Child Care Centers** and **Caring for Our Children**-The National Health and Safety Performance Standards for Out-of-Home Child Care Programs, second edition.



Permission to Give Medication in Child Care Form

(Please use one form per medication)

The following information needs to be completed by the child’s health care provider:

Child’s Name:	
Date of Birth:	Weight:
Name of Health Care Provider:	

Medication:		
Date Medication is Prescribed:	Date of Expiration:	
Dosage:	Route:	
Frequency:	Time of Day:	
Special Instructions for administration and/or storage:		
Possible Side Effects:		
Start Date:	End Date:	
Signature of Health Care Provider:	Phone Number:	Date:

The following is to be completed by the Parent or Guardian:

I usually do the following to make giving medication easier:
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Amount of Medication Brought In:	Date:	Parent/Guardian Signature:	Director Signature:
Amount of Medication Returned:	Date:	Parent/Guardian Signature:	Director Signature:

I hereby give permission for my child, _____, to receive the above medication while in child care from the Director or Director Designee, according to the instructions listed above. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container labeled with my child’s full name and to supply the appropriate measuring device needed to give the accurate dose of the medicine. **I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this medication as well as any situation that arises that requires immediate medical attention to the child’s health and safety.**



Authorization for Diaper Creams and Topical Lotions

To be completed by Parent/Guardian:

Name of Child:	Date of Birth:
Name of Health Care Provider:	Phone Number:

Medication:	Purpose:	
Frequency:	Time(s) of day:	
Amount to be applied:	Location:	
Special Instructions for application and/or storage:		
Possible Side Effects:		
Start Date:	End Date:	
Signature of Parent/Guardian:	Phone Number:	Date:

I hereby give permission for my child, _____, to receive the above medication while in child care from the Director, Director Designee or staff member, according to the instructions listed above. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container labeled with my child's full name. **I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this medication as well as any situation that arises that requires immediate medical attention to the child's health and safety.**



Authorization for Sunscreen

To be completed by Parent/Guardian:

Name of Child:	Date of Birth:
Name of Health Care Provider:	Phone Number:

Name of Sunscreen:		
Application Instructions:		
Start Date:	End Date:	
Signature of Parent/Guardian:	Phone Number:	Date:

I hereby give permission to Lightbridge Academy to apply sunscreen to my child, _____, according to the instructions listed above. I confirm that I have given at least one application to my child without any evidence of side effects or adverse reactions. I understand that sunscreen will be applied on the days that my child participates in outdoor play unless otherwise directed above. I also understand that it is my responsibility to provide the sunscreen in its original container labeled with my child's full name. **I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information as well as any situation that arises that requires immediate medical attention to the child's health and safety.**

Please Note: For the safety of the children in our care, aerosol sunscreen is not permitted to be used.



Authorization for Insect Repellant

To be completed by Parent/Guardian:

Name of Child:	Date of Birth:
Name of Health Care Provider:	Phone Number:

Name of Insect Repellant:		
Application Instructions:		
Start Date:	End Date:	
Signature of Parent/Guardian:	Phone Number:	Date:

I hereby give permission to Lightbridge Academy to apply insect repellant to my child, _____, according to the instructions listed above. I confirm that I have given at least one application to my child without any evidence of side effects or adverse reactions. I understand that insect repellant will be applied on the days that my child participates in outdoor play unless otherwise directed above. I also understand that it is my responsibility to provide the insect repellant in its original container labeled with my child's full name. **I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information as well as any situation that arises that requires immediate medical attention to the child's health and safety.**