

4. ADMINISTRATION OF MEDICATION

Only Prescription medications will be administered to children by the classroom ECE. In the event the ECE is not available, the ECE Assistant will be assigned to administer the medication. Medication will only be administered as according to a signed parent permission form and doctor's note/ prescription label.

Parent permission form will include:

- Time(s) of administration
- Possible side effects
- When medication is to be administered (in emergency events such as high fever due to asthmatic attack, swelling due to anaphylactic reaction, etc.)
- Specific instructions relating to the administration of medication
- Storage requirements

The following info must be clearly labeled on the prescription:

- Name of child
- Name of medication
- Date
- Amount of medication to be administered
- Doctor's name
- Expiry date

Storage of Medication

All medications must be stored in their original container, in a locked box that is inaccessible to children. Medication boxes are available in the refrigerator and above it for proper storage. School-age children may be permitted to carry their own emergency medications. This will be a collective decision between the operator and the child's parent.

Assigned teachers will administer medication in a quiet isolated area, and will document the time, dose, and related comments on the medication form signed by the parents. When medication is finished, parents will sign and date the medication form. All records will be stored in child's file. All leftover or surplus medication will be returned to the parent. In the event that a teacher is unable to give dose, or the dose is forgotten; that teacher must inform parents immediately and ask for direction on if/when to administer that missed dose. All medication forms and doctors' notes must be stored with the medication. When medication is finished and returned to a parent, the forms must be signed and kept in the child's file.

Emergency medications including Epipens and inhalers will be stored in an unlocked container in an area that can be quickly accessed by staff, but out of reach of children.

MEDICATION ADMINISTRATION RECORD

Name of Child: _____ Date: _____

Name of Parent: _____

Name of Doctor: _____

Name of Medication: _____ Expiry: _____

Dosage: _____ Times: _____

Possible side effects: _____

Storage requirements: _____

Specific Instructions: _____

Parent's Signature: _____ Documented in Log book?: _____

Name of Staff Receiving Medication and Form(s): _____

DATE GIVEN	TIME GIVEN	DOSAGE	STAFF	COMMENTS

Second Page? (✓) _____

Medication Complete and Returned to Parent: (✓) _____ Date: _____

Parent's Signature: _____ Staff Signature: _____