| | POLICY TITLE | CATEGORY |
|---|---|---|
| FAMILY DAY | Medication – Home Child Care | Programs |
| | APPROVING BODY OR POSITION | |
| | Director, Programs | July 2026 |
| | PRIMARY LEGISLATION / REGULATION REFERENCE(S) | |
| | Child Care and Early Years Act, 2014 (CCEYA) | |

# POLICY

Family Day Care Services is committed to ensuring that medication for a child is administered safely and correctly, as per the written authorization or prescription of a physician.

### Purpose

The purpose of this policy is to ensure that all relevant information regarding the medication and its administration is correctly followed and recorded, including the return of medication to the child's parent/guardian.

### Scope

The policy applies to caregivers contracted with Family Daycare Services.

### Medication

Medication must be in the original container and clearly labeled with the child's name, date, name of drug and instructions for storage and administration of the drug.

Non-prescription medicine (for example Tylenol, cough medicine) will only be administered when written authorization from a physician is provided.

All medication is stored in a locked storage container, with the exception of emergency medication (auto injector, Asthma puffers, etc.) and medications for epilepsy and diabetes, as well as any other medication that a prescribing medical professional determines must be readily available to prevent a significant risk to the child's health. All other medications are inaccessible to children, stored in a locked container or area (e.g., refrigerator), carried by Caregiver/Educator or by authorized children as per the child's Individual Anaphylactic or Medical plan.

### Procedure for Administering Medication

Medication may only be administered by the caregiver.

1. Take the appropriate medication from the locked storage container.
2. Check the date on the medication order and verify for accuracy:
   - Child's name
   - Name of drug
   - Time for administration
   - Method of administration
3. Compare the label of the medication container against medication consent form signed by the parent/guardian.
4. Prepare the correct amount of medication for the required dose without contaminating the medication. If administering a liquid medication remove cap and place it upside down on the countertop. Hold bottle with the label next to your palm so that if any spills, the label will not become soiled, and hard to read.
5. Check label again, before administering, close medication container and return bottle or box into storage container.
6. Give medication within 30 minutes of the time ordered.
7. Record the medication given on the Medication Tracking Form: date, name of medication, dosage and time. Print name and sign.

Do not use the following:

- medication from an unmarked container or a container with a label that's hard to read
- medication that has expired.
- medication that is cloudy or has changed colour

Never leave medication unattended.

If a dose of medication is unintentionally omitted, record the omission and the reason.

If an error in administration occurs, contact appropriate medical expert, the child's parent and report the incident to your coordinator. The incident is then documented on the medication form.

**Medication Consent Form**

The parent/guardian of a child must complete the Medication Consent Form for each medication.

**Emergency Medication**

A school age child is permitted to carry Emergency Medication to be self-administered, where possible, when permission is given in writing by a parent/guardian, as per the child's Individual Anaphylactic or Medical plan.

**Asthma Medication**

A school age child is permitted to carry asthma medication to be self-administered when permission is given in writing by a parent/guardian, using the Medication Consent Form.

**Unused Medication**

Unused medication is returned to the child's parent/guardian in the original container. The parent/guardian signs the Medication Consent Form, acknowledging the receipt of the medication.

**Filing of Forms**

The Medication Consent Form and the Medication Tracking Form are put in the child's file when the medication is returned to the parent/guardian.

**Policy Review and Sign-off**

Caregivers sign off on this policy when their contract begins and thereafter on an annual basis.

**Name of caregiver (please print):** _____

| Caregiver Signature | Coordinator Signature | Date |
|---|---|---|
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## Family Members

| Family Member Name | Family Member Signature | Date |
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**Appendices:** APPENDIX A: Medication Consent Form – HCC
APPENDIX B: Medication Tracking Form

# Medication Consent Form - Home Child Care

**This consent form must be completed when any medication is to be administered to your child.**

I, _____ give permission for the caregiver to give
*(parent's name)*

my child _____ medication _____.
*(child's name)* *(name of medication)*

This medication was purchased on _____
*(date)*

The times and dosages are as follows: _____

_____

The medication is to be administered from: _____ to: _____
*(start date)* *(end date)*

List any known side effects and any other special instructions: _____

_____

Instructions for Storage: ❑ Refrigerated ❑ Non-refrigerated _____

_____

**Use Medication Tracking Form to record dosages and times given.**

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**Medication and Medication Form received by:** _____
Caregiver Signature

_____ _____
*Date* *Parent Signature*

**Asthma medication can be carried by my child: ❑ Yes ❑ No** _____
*Parent Signature*

**Asthma medication can be self-administered by my child when necessary: ❑ Yes ❑ No** _____

**Medication returned to parent/guardian on**:_____
*Date*

Comments : _____

_____

_____

# Medication Tracking Form

**Child's name:** _____

| Date *(mm/dd/yy)* | Name of Medication | Dosage Given | Time Given | Caregiver Name / Signature |
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**When medication has been returned to parent/guardian, this form is to be added to the child's file in the caregiver's home.**