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|  <b>FAMILY DAY</b> | <b>POLICY TITLE</b>                                  | <b>CATEGORY</b>      |
|   | Medication – Child Care Centres                      | Programs             |
|   | <b>APPROVING BODY OR POSITION</b>                    | <b>APPROVAL DATE</b> |
|   | Associate Director, Programs                         | May 2017             |
|   | <b>PRIMARY LEGISLATION / REGULATION REFERENCE(S)</b> |                      |
| 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 All Family Day staff working in child care centres.

### 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 container.

### Procedure for Administering Medication

Medication may only be administered by RECE teachers and centre supervisors.

1. Take the appropriate medication from the locked cupboard or refrigerator.
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 record 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 illegible.
5. Check label again, before administering close medication container and return bottle or box into storage place.
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 off.

Do not use the following:

- medication from an unmarked container or a container with an illegible label
- medication with an outdated expiry date
- 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 centre supervisor. 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.

### **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**

Staff and centre supervisors review and sign off on this policy at the time of hiring and thereafter on an annual basis.

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**Name of staff (please print):** \_\_\_\_\_

**Staff Signature**

**Supervisor/Manager Signature**

**Date**

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### **Appendices**

APPENDIX A: Medication Consent Form – Child Care Centres

APPENDIX B: Medication Tracking Form



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

I, \_\_\_\_\_ give permission for the child care centre staff to give  
*(parent's name)*

my child \_\_\_\_\_ medication \_\_\_\_\_  
*(child's name) (name of medication)*

This medication was purchased on \_\_\_\_\_ Expiry date (if applicable) \_\_\_\_\_  
*(date) (date)*

The times and dosages are as follows: \_\_\_\_\_  
\_\_\_\_\_

Or when the following signs and or symptoms are observed \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

**Turn over to record dosages and times given.**

**Medication and Medication Form received by:** \_\_\_\_\_  
*Child Care Centre Staff Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Parent Signature*

**Asthma medication can be carried by my child:**  **Yes** \_\_\_\_\_  
 **No** *Parent Signature*

**Medication returned to parent/guardian on:** \_\_\_\_\_  
*Date*

\_\_\_\_\_ *Parent signature*

