

MEDICATION POLICY

Child's Name: _____
Please Print

Provider's Name: _____
Please Print

This policy is to establish communication between the family day care home provider, the parent and the child's physician to ensure safe and accurate administration of medication to children in care.

Medication Administration

- Medication may only be administered by a caregiver who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications (except non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent) in my family day care home.
- Prescription medication must be administered in accordance with the physician's or other prescriber's instructions.
- Non-prescription medication must be administered according to the dose, duration, and method of administration specified on the manufacturer's label.
- Prescription medication may be administered using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.
- If a child in care requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, the procedures outlined in the MAT training for children with special health care needs will be followed.
- Expired medication will not be administered to a child unless otherwise authorized by emergency personnel or the child's physician for emergency purposes only.

Medication Authorization

- Medication may only be administered to a child with written authorization from the child's parent.
- The written authorization from the child's parent shall be renewed after 10 business days if the medication is still needed.
- Long-term prescription and nonprescription medication taken longer than 10 business days may be administered to a child only with written authorization from the child's parent AND physician.
- Written medication authorization forms cannot be shared for siblings. One form must be completed for each child who requires medication administration.

Medication Principles and Procedures

- Medication that is brought to the family day care home must be specific to the child who is to receive the medication, maintained in the original, labeled container, and labeled with the following information:

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- Prescription medication must have the original label that includes the prescriber's instructions pertaining to dosage, frequency, and manner of administration.
- Non-prescription medication must be labeled with the child's full name on the container and have the manufacturer's instructions label. The expiration date must be clearly visible on the medication.
- All medications must match the medication listed on the written authorization from the child's parent and physician.
- The parent/guardian will be notified immediately of any adverse reactions to the medication or any medication errors.
- Medication will be returned to the parent/guardian within 14 days of the expiration of the medication and/or the written authorization. Medications that are not picked up within 14 days will be disposed of by either flushing the medication down the toilet or by pouring the medication down a sink drainage.

Medication Administration Documentation

- A record of medication given to children will be maintained and will include the following:
 - First and last name of the child to whom the medication was administered.
 - The amount and type of medication that was administered to the child.
 - The day and time the medication was administered to the child
 - The first and last name of the trained staff member who administered the medication.
 - Any adverse reactions the child had to the medication.
 - Any medication error that occurred.
- All forms related to a child's health information and/or medication administration must be completed by the provider, caregiver(s), the child's parent, and/or the child's physician as applicable. These forms must be maintained in the family day care home and available when children are in care:
 - Child Record Form
 - Emergency Medical Consent
 - Decision to Administer Medication
 - Medication Authorization
 - Record of Medication Administration

Storage of Medication

- All medication, including the provider's and staff medication, will be kept in a locked place.
- Medication requiring refrigeration, will be kept in a locked container in the refrigerator.
- The key used for medication that is stored in a locked place will be inaccessible to children.
- Current MAT certificates (or documentation of licensure to administer prescription medications), current age-appropriate first aid certificates, and current CPR certificates for the caregivers listed below will be kept in the caregiver's records and be available upon request.

Confidentiality Statement

- Information about any child in my family day care home is confidential and will not be given to anyone except Arlington County's designees or other persons authorized by law unless the child's parent gives written permission. Information about a child in my family day care home will be given

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to the local department of social services if I receive a child care subsidy for the child or if the child has been named in a report of suspected child abuse or neglect or as otherwise allowed by law.

Provider Statement

- I understand that it is my responsibility to follow my policy for the administration of medication and all health and infection control regulations applicable to my family day care home.
- I will verify and document the credentials for all new caregivers before the caregiver is allowed to administer prescription or non-prescription medications (except non-prescription topical skin products) to any child in my family day care home.
- My policy for the administration of medication will be made available to parents at enrollment, whenever changes are made and upon request.

The provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

• Provider's Signature: _____ Date: _____

• Parent's Signature: _____ Date: _____