 **Medication Authorization Form**

**Policy:** Staff will follow the proper handling, storage, administration, and record keeping of administration of medication.

**Procedure:** Medication will be given to a child by staff only. When giving or applying medication to a child in care, the following must be completed by the parent/guardian for **each** medication. An interruption in medication will require a new authorization form. Send a copy of the completed log home each day when medication is dispensed.

* **Only prescription medication can be dispensed. Medication MUST be sent to school in its original container, stored according to instructions and clearly labeled for the named child.**
* **Medication must have a pharmacy label indicating the physician’s name, child’s first and last name, instructions, name, and strength of the medication, and must be given according to those instructions.**
* **Your child is NOT to carry medication to school.**
* **Communicate any changes regarding medication with education staff.**
* **Your child’s medication must be current. Your** **child may not be able to attend school until their required medication is at the center**.
* **The instructions from the child’s parent/guardian shall not conflict with the label directions as prescribed by the child’s health care provider.**

**TO BE COMPLETED BY PARENT/GUARDIAN**

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to give or apply the medication,

 (Facility)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as follows:

 (Specify, prescribed medication) (Child’s name)

**DIRECTIONS**

|  |  |
| --- | --- |
| 1. Date to Begin Giving Medication
 | 1. Date to Stop Medication
 |
| 1. Time Medication is to be Given
 | 1. Amount (dosage) of Medication Each Time Given
 |
| 1. Frequency (daily, weekly, monthly, etc.)
 | 1. Route (oral, inhalant, injectable, topical)
 |
| 1. Storage of Medication
 | 1. Reason for Medication
 |
| 1. Medication Expiration Date
 | 1. Date of Training
 |
| 1. Name of Health Care Provider
 | 1. Phone Number
 |
| 1. Additional Instructions (side effects, medication returned end of day, etc.)
 |
| 1. Signature of Parent/Guardian
 |

**TO BE COMPLETED BY CAREGIVER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Medication** | **Actual Time Administered** | **Amount Given** | **Staff Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Time** | **Error/Reaction to Medication** | **Action Taken** | **Parent/Guardian Notified (date/time)** | **Staff Signature** |
|  |  |  |  |  |

Original- Completed Form in Child’s File Copy- With Medication, Bus Driver, Parents/Guardian (when medication is dispensed) (L#19)

4/23 EHS-HS Team\Procedures Manual\Licensing\Medication Authorization Form 1 of 2

**Medication Authorization Guidance**

A few reminders:

* The Medication Authorization Form must stay with the medication.
* Medication will be returned to the child’s parent or destroyed when the parent determines it is no longer needed or it has expired.
* Emergency medications (EpiPen, inhaler) are always stored out of the reach of children but are always quickly accessible (rescue medication should not be stored in a locked box).
* When emergency medications are stored in a backpack, ensure that the backpack is hung high enough to keep it out of the reach of children.
* Non-emergency medications will be kept out of the reach of children and secured in a lock box. Lock boxes will be used in the classroom, in the refrigerator, and on the bus.
* Medication cannot be added to a child’s beverage or food unless indicated on the prescription label.
* The staff member administering the medication must sign (full signature is required) the record each time. Do not use initials.
* If medication is used “as needed,” there must be additional instructions noted in box 13. Describe when the medication will be needed (wheezing, soreness in the muscle, etc.).
* Describe error/reaction in detail on the Illness/Incident Report.
* If a child is seen by a doctor or goes to the emergency room, complete and Illness/Incident, make a verbal report to Licensing within 24 hours. Complete the Incident Report State of Michigan form (BCAL 4605) within 72 hours.
* A program must submit reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting health and safety of program participants or any matter for which notification or a report to state or local authorities is required by applicable law, including at a minimum:
* Administration staff will refer to the Special Investigations and OHS Reporting form for additional documentation requirements when following up with the Office of Head Start.
* Written authorization for triple antibiotic ointment, sunscreen, insect repellant, diapering cream, and hand lotion is obtained annually on the Parent/Guardian Release. Ensure the parent/guardian signature is on the release before using these products on a child. If the release is signed, it is not necessary to complete this form for items listed in this bullet. Triple antibiotic ointment and diaper cream must be labeled with the child’s name.

Licensing R 400.8152, HSPSS 1302.47 (4)(C), (7)(4), GSRP Implementation Manual, R 400.8152

Original- Completed form in Child’s file. Copy- with medication, emergency backpack, bus driver, parent/guardian (when medication is dispensed) (L#19)

4/23 EHS-HS Team\Procedure Manual\Licensing\Medication Authorization Form