 **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.

**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
 |

**\*\* 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 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** |
|  |  |  |  |  |

**\*\*Parents Please Note:**

* **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 the 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. Update your child’s prescription before it expires.**

Original- Completed Form in Child’s File Copy- Medication Lock Box, Bus Driver, Parents (when medication is dispensed)

1/20 P:\Head Start Files\ADMIN\Procedures Manual\Licensing\Medication Authorization Guidance.doc 1 of 2

**Medication Authorization Guidance**

A few reminders:

* Only prescription medication can be dispensed.
* Ensure all medication is current and not expired. Children may be unable to attend school until we have a current prescription. This is to ensure their safety at school.
* Medication will be returned to the child’s parent or destroyed when the parent determines it is no longer needed or it has expired.
* All medications, with the exception of rescue 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.
* Epi-pens and inhalers must be easily accessible but kept out of the reach of children at all times. They should not be in a locked box when children with these allergies and conditions are present.
* Apply or dispense medication according to the directions on the original container, unless otherwise authorized by a written order of the child’s physician.
* Medication cannot be added to a child’s beverage or food unless indicated on the prescription label.
* Staff must sign the medication log. Do not use initials.
* If medication is used “as needed,” there must be additional information added in that section. 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, make a verbal report to Licensing within 24 hours. Complete the Incident Report State of Michigan form (BCAL 4605) within 72 hours.
* 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.

**HSPPS: 1302.47 (4)(c),(7)(4), GSRP Implementation Manual, R 400.8152**

Original - Completed form in child’s file Copy- medication lock box, bus driver, parent/guardian (when medication is dispensed)

1/20 P:\Head Start Files\ADMIN\Procedures manual\Licensing\Medication Authorization Guidance.doc 2 of 2