

A Place To Grow New Hope Child Care Administering Medications Guidelines:

Administering medications poses an extra liability on faculty and having medications in the facility is a safety hazard so parents are asked to check with the child's physician to see if a dosage schedule can be arranged that does not involve the hours that the child is in the care of the facility. Parents may come to the center to administer medication to their child at any time. (Please note the policy regarding Acetaminophen and other fever reducing medications below.) While we prefer not to administer medications in the center, we will administer medications, if they are necessary, under the following guidelines:

All medication brought to the center must accompany an Authorization for Administration of Medication form. Medication will not be administered unless this form is completed entirely; which includes child's name and age, dates medication is to be administered, name of medication, dosage to be given, time medication is to be administered, parent's signature and date. This policy includes oral and topical medications, including sun screen, chap stick and diaper cream. All medications must be in the original container, labeled with the child's name and include an appropriate medication spoon.

Over the counter medications, accompanied by a completed Authorization for Administration of Medication form, will be administered only with a doctor's note confirming the dosage required for the child. We will administer this medication for no more that 5 consecutive days; after this time the medication must be sent home.

We will not administer Acetaminophen or other fever reducing medicines so the child can remain at the center. These medications will only be administered to control pain such as after a child receives immunizations or is teething, and will only be given with a doctor's note.

Prescription medication, accompanied by a completed Authorization for Administration of Medication form, will be administered according to the directions on the label. This medication must have a current pharmacist's label that includes the child's name, dosage, current date, times to be administered and the name and number of the physician. We will administer prescription medicine only to the person for which the medication is prescribed.

Medications needed for ongoing medical issues will be administered for up to six months, with a completed Authorization for Administration of Medication form, a signed doctors note or prescription label. This documentation must include clear instructions that explain what conditions must be present before medication is administered. For example, a child with a food-related allergy may be given Benadryl if they have hives, complain of itching or show swelling on their face or neck. Phrases such as "as needed" do not meet the North Carolina Division of Child Development's requirement for administering medications The center will attempt to contact the parent before administering this medication.

Topical Medications, accompanied by a completed Authorization for Administration of Medication form, will be administered according to the directions on the label for up to six months. Clear instructions listing what conditions which must be present before administering medications must be listed on the form. Phrases such as "as needed" do not meet the North Carolina Division of Child Development's requirement for administering medications. We do not require a doctor's note for most topical medications such as hand cream, diaper creams, sun screen, chap stick, etc.

All medications must be dropped off at the front desk and an administrator or designated person will review the Authorization form, and the medication to ensure that everything is in order. They will deliver the medication to the classroom. The child's lead teacher is responsible for administering the medication and documenting the administration of the medicine.

I attest that this policy has been discussed with me and a copy has been give to me.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____