

# Medication Administration Template

## *Policy Template*

**Program/Center Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_

**Applies To:**  Infant  Toddler  Preschool  School-age  All

**Approved By (Title/Name):** \_\_\_\_\_

### **1) Purpose**

To ensure medications are given safely and correctly to children in our care, with clear authorization, proper storage, accurate documentation, and trained staff.

### **2) Definitions**

- **Medication:** Any prescription or over-the-counter (OTC) product used to prevent, treat, or relieve symptoms (including inhalers, epinephrine, topical creams, vitamins/supplements if required by the program).
- **Authorization:** Written parent/guardian permission and (when required) a healthcare provider order.

### **3) General Policy**



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1. **We administer medication only when it is necessary for the child to participate in care** and can be done safely by trained staff.
2. **No medication is given without written authorization** (see Section 5).
3. **Staff follow the “5 Rights”**: right child, right medication, right dose, right time, right route (plus right documentation).
4. **Medications are never shared** between children.
5. **We do not administer the first dose** of a new medication at child care (recommended) unless it is an emergency medication or specifically approved by the program administrator.

## 4) Roles and Responsibilities

### **Program Administrator** will:

- Maintain this policy, train staff, and ensure required forms are used.
- Designate trained medication administrators (list kept on file).

### **Medication-trained Staff** will:

- Follow procedures, check labels, document every administration, and report concerns promptly.

### **Parents/Guardians** will:

- Provide required authorizations, medications in original containers, and updated instructions as needed.

## 5) Authorization Requirements



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Medication may be administered only when we have:

- A completed **Medication Authorization Form** signed by the parent/guardian (required for all medications), AND
- Any additional documentation required by your licensing or program rules (check one):
  - Prescription label alone is sufficient
  - Provider's written order is required for prescription meds
  - Provider's written order is required for OTC meds
  - Provider's written order is required for meds given longer than \_\_\_\_ days
  - Other: \_\_\_\_\_

Authorization forms must include: child name, medication name, dose, route, time(s), start/end date, reason, storage needs, and possible side effects.

## 6) Medication Acceptance Rules

We accept medications only if:

- In **original container** with readable label.
- Label matches the authorization (name, dose, route, schedule).
- Medication is **not expired**.
- Medication is provided with the correct measuring device (syringe/cup) if needed.



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- For prescriptions: label includes child's name, prescribing provider, pharmacy, and instructions.

We do **not** accept:

- Medications without labels, in baggies, or with unclear instructions.
- Medications prescribed for someone else.
- "As needed" (PRN) medications without clear criteria (see Section 9).

## 7) Storage and Security

- All medications are stored **inaccessible to children** and according to label directions.
- Refrigerated medications are stored in a designated, labeled container in the refrigerator.
- Emergency medications (e.g., epi-pen/inhaler) are stored:
  - In classroom emergency kit  In office  With staff on playground   
Other: \_\_\_\_\_
- Controlled substances (if accepted) are stored **double-locked** and tracked with a count log (see Section 12).

## 8) Administration Procedures (Step-by-Step)

Before giving medication, staff will:

1. Wash hands and prepare a clean area.



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2. Verify the **5 Rights** and check the label **twice**.
3. Confirm the child's identity using program procedure (e.g., name/photo).
4. Measure dose using appropriate device (no kitchen spoons).
5. Administer medication using the route indicated (oral/topical/inhaled/auto-injector, etc.).
6. Observe the child for any immediate reaction.
7. Document immediately (see Section 10).

## **9) PRN (“As Needed”) Medications**

PRN medications require written instructions that include:

- Specific symptoms/conditions that must be present (example: temp above \_\_\_, wheezing, hives).
- Dose and minimum time between doses.
- Maximum daily dose or number of doses.
- When to contact parent/guardian and when to call emergency services.

## **10) Documentation**

Each administration is documented on the **Medication Log** including:

- Date/time, dose, route, staff initials/signature, and notes (refusal, spill, child symptoms).

Parents/guardians will be informed of medication administration:



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- Daily written report  App notification  Pick-up communication  Other:  
\_\_\_\_\_

## **11) Missed Doses, Refusals, and Medication Errors**

If a dose is missed, refused, spilled, or given incorrectly:

1. Ensure the child is safe; monitor for effects.
2. Notify the administrator immediately.
3. Contact parent/guardian as soon as possible.
4. Call Poison Control / emergency services if indicated by symptoms or label guidance.
5. Complete a **Medication Incident/Error Report** and document actions taken.

## **12) Controlled Substances (Optional Section)**

**We:**  do not accept controlled substances  accept with additional safeguards.

If accepted:

- Must be delivered directly to administrator/designee.
- Stored double-locked; access limited to authorized staff.
- Count is verified at receipt and logged each time administered.

## **13) Emergency Medications and Individual Care Plans**

For children with allergies/asthma/diabetes/seizure plans, we require:



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- An **Individual Care Plan** (parent + provider if required) and training for assigned staff.
- Emergency medication must be readily accessible on-site and during transitions (playground, walks, field trips).
- Staff will follow the plan and call emergency services as required.

#### **14) Field Trips and Off-Site Activities**

- A trained staff member will carry needed medications in a labeled, secure container (including cold packs if required).
- Medication logs travel with the group and are completed in real time.
- Emergency contacts and care plans accompany the group.

#### **15) Disposal and Return**

- Unused/expired medication will be returned to the parent/guardian.
- If not picked up by \_\_\_\_\_ days, it will be disposed of according to local guidance and documented.
- Medication is never sent home in a child's belongings.

#### **16) Staff Training**

Medication administrators must complete training on:

- 5 Rights, hygiene, measuring doses, storage, documentation, recognizing reactions, emergency response, and confidentiality.

Training occurs:  at hire  annually  when care plans change.



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## 17) Confidentiality

Medication and health information is shared only with staff who need it to keep the child safe and comply with program requirements.

### *Authorization Form Template*

**Child:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Classroom:** \_\_\_\_\_

**Medication Name:** \_\_\_\_\_

**Prescription:**  Yes  No

**Dose:** \_\_\_\_\_

**Route:**  Oral  Topical  Eye/Ear  Inhaled  Injection/Auto-injector  Other:

\_\_\_\_\_

**Time(s):** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**PRN?**  No  Yes — Give only if:

\_\_\_\_\_

**Max doses/day:** \_\_\_\_\_ **Min time between doses:** \_\_\_\_\_ hours

**Storage:**  Room temp  Refrigerate  Other: \_\_\_\_\_

**Side effects to watch for:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Provider Order section if needed):



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Provider Name/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Order/Instructions: \_\_\_\_\_

Signature/Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE



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