

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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