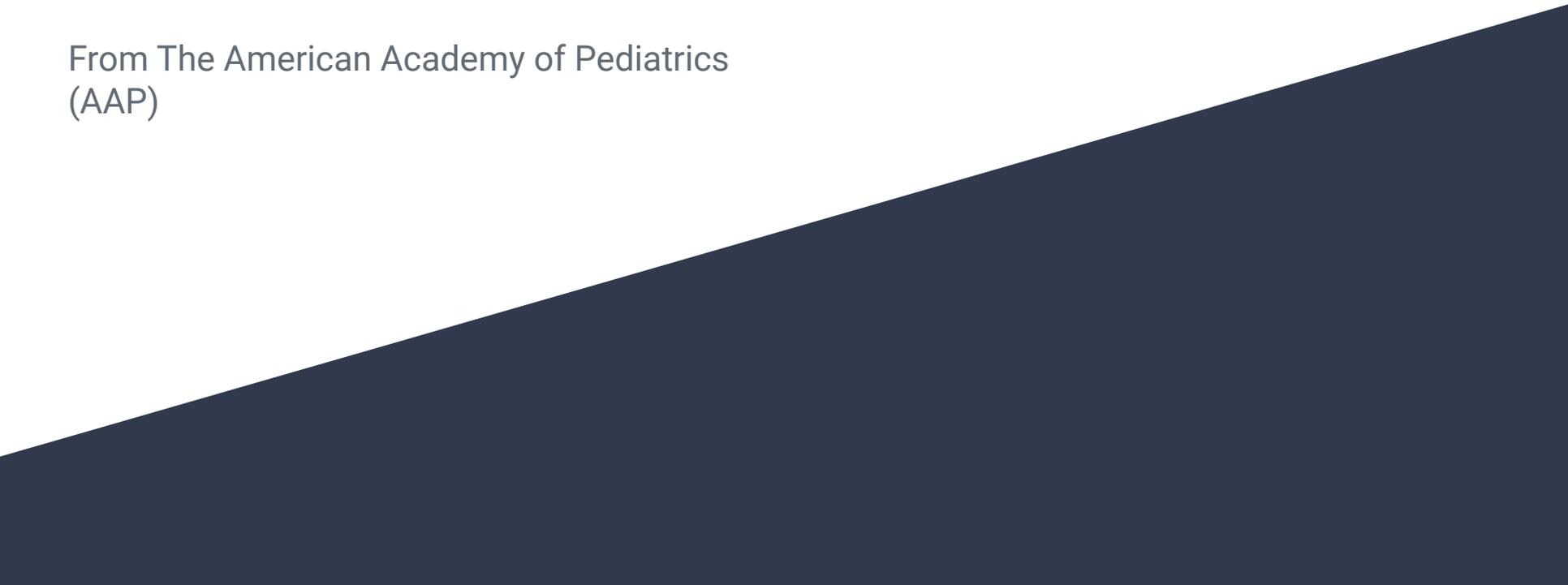


# Medication Administration

From The American Academy of Pediatrics  
(AAP)

A dark blue diagonal graphic that starts from the bottom left corner and extends towards the top right corner, covering the lower half of the page.

The first dose should always be given at home.

Physicians should limit the number of doses given during school hours.

# THE 5 RIGHTS

# Know the 5 Rights

Right Child: Check the name on the medication. If necessary confirm child's birthday as second identifier.

Right Medicine: Confirm medication is in original container and has not expired.

Right Route: Ensure medicine is given correctly.

Right Dose: Use proper measuring device and check it carefully.

Right Time: Check that the time on label and Permission form match. Ensure that medication is given within 30 of noted time. Document time given on Medication Report to Guardian Form.

**READ THE LABEL**

# Documentation

All prescribed medication is labeled by a pharmacist with the child's name, name of medication, date prescription was filled, name of the health care provider who wrote the prescription, medication expiration date, administration, storage and disposal instructions. Medication is provided in an original labeled container.

Medications that are labeled "as needed" or prn must be accompanied with doctors specific orders. Such as; inhaler to be used for wheezing and difficulty breathing.

Medication Permission Forms are to be filled out completely and matched medication label/ physician's instructions.

# Documentation cont.

Doctor's instructions for the dose, frequency, method to be used (i.e.: before meals) and duration of administration along with the signed medication permission form will be maintained in the child's health folder.

No medication will be administered without physician's instructions and parent authorization.

# Medication Permission Form

**UCHRA Van Buren County Head Start**  
**Medication Permission**(Revised 11/2016)

I, \_\_\_\_\_, give my permission for Head Start designated staff to administer the following medication, \_\_\_\_\_,

Exact Amount: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by employees designated by Head Start, the undersigned parent or guardian hereby agrees to release the Van Buren County Head Start and its personnel from any legal claim which they now have or may therefore have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for my child \_\_\_\_\_ to take the above prescription as ordered. I understand that it is my responsibility to furnish this medication.

Date: \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

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Medications are  
**NEVER** to be  
transported by  
child in backpack!!!

If medication is needed to be transported to the center via bus route the medication and all appropriate documentation will be given to the monitor.

Upon arrival to the center, the medication and all appropriate documentation will be given to the HDSS.

# Lock It Up

All medication is to be stored out of reach of children in locked cabinets.

If refrigeration is needed, medication should be stored between 35-45 degrees in a spill-proof container away from food.

# Administering Medication

# Preparing the Area/Yourself

Wash hands before administering medications.

Limit hand sanitizer use to only when soap and water is unavailable.

Wear gloves

Proper disposal of materials (i.e. putting needles in sharps container)

Sanitization of area

Have second person to visually witness medication administration

- o Wash hands
- o Prepare work area
- o Take out the medication
- o Check the label and forms to see that they match
- o Get proper measuring devices
- o Document the time

# Preparing the Child

Communicate with the child and explain the procedure in age appropriate language

Never call medicines “candy”

Wash child’s hands, if appropriate

Give the child options, (sit or stand, holding a doll or toy for comfort)

Be honest about tastes and allow child to drink after

Praise child for cooperation

Never force child to take medicine, notify guardian of refusal

# Finishing Up

Praise the child

Return medication to storage immediately

Clean measuring device

Wash hands and sanitize area

Observe the child for side effects

Record medication, date, time, dose, route, and sign along with having witness sign Medication Log and fill our Report to Guardian



# Medication Report to Guardian

## UCHRA Van Buren County Head Start Medication Report

To the guardian of: \_\_\_\_\_

Date: \_\_\_\_\_

At your request, prescription medication was given as prescribed, to your child at the following time:

\_\_\_\_\_

medication name

\_\_\_\_\_

dose

\_\_\_\_\_

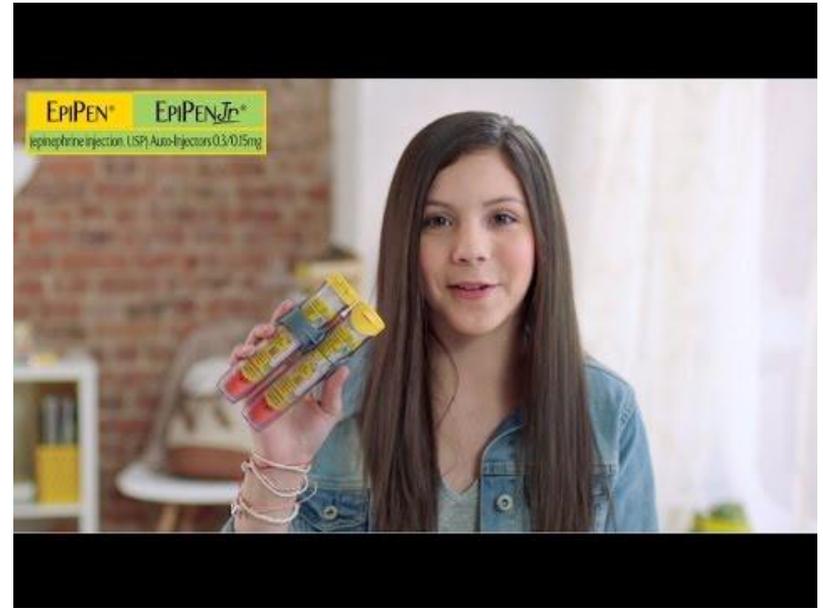
time

Health Services Specialist

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# How to use EpiPen, Inhalers, and Nebulizers.

# Using an EpiPen / EpiPen Jr.



# Using an Inhaler



# Using a Nebulizer

