



Administer Medication Policy for Parents

Purpose: This policy outlines the requirements and procedures for parents whose children need medication administered during Adventure Time hours, including those recovering from illness or managing chronic conditions like allergies or asthma.

Requirements for Medication Administration

- **Medication on site:** Children who require medication for chronic conditions (i.e. allergies, asthma, etc.) must have all required forms, doctor's note, and medication on-site prior to attending our program.
- **Original Container:** All medications must be provided in their original pharmacy container.
- **Date Validity:** The medication must be dated within one month of the request for administration.
- **Doctor's Note:** Parents must supply a note or letter signed by the child's doctor, specifying the medication name, dosage, and frequency.
- **Parent/Guardian Authorization:** The "Request to Administer Medication" form must be completed and signed by a parent or guardian.
- **Incidental Medication Forms:** For inhalers and Epi-pens, a signed "Incidental Medication" form is also required.
- **Form Availability:** All necessary forms are available at the school sites.
- **Doctor's Notes Submission:** Doctor's notes can be faxed to the main office at 510-658-9102.
- **School District Form:** Forms D (*MEDICATION AT SCHOOL*) used by the school district is accepted.

Additional Guidelines

- **Self-Administration:** Children are not allowed to self-administer or carry any medication, including non-prescription items like aspirin or cough drops.
- **Expired Medication:** Expired medication will not be accepted.
- **Medical Limitations:** The staff cannot administer insulin injections, glucose blood tests, G.I. tubes, suppository, or any procedure requiring medical expertise beyond their training.
- **Contact Questions:** For further questions, parents are advised to contact their site director.



Doc note in file: _____
 IMS for epi-pen: _____
 IMS for inhaler: _____
 Site Director reviewed: _____

Request To Administer Medication

(This is a two-part form: The white part is for posting and the canary part is to be attached to medication)

To be completed by parent or guardian only:

If your child has been ill and is sufficiently recovered to return to school or has a chronic condition (such as allergies or asthma), our staff members will give medication prescribed by a physician and will list it on the form below. In order to comply with Department of Social Services regulations, the medication must:

1. Be in its original container from the pharmacy
2. Carry a date within one month of the date this request is made

We must have a note or letter signed by the child's doctor stating the name of the medication as well as the amount and frequency of dosages.

PARENT OR GUARDIAN PLEASE FILL IN BELOW:

_____ is to be given _____
 Name of child Name of medication

on the following schedule: _____ and _____
 Times of dosages

The dosage(s) should be: _____

How many days is the medication to be given? From: ___/___/___ to ___/___/___ (dates)

Does the medication require refrigeration? _____
 Yes No

Signature of parent or guardian: _____ Date signed _____

LIST OF MEDICATION GIVEN BY STAFF MEMBER:

<u>Staff member</u>	<u>Date given</u>	<u>Times given</u>	<u>Amount given</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Post the white part of this form in the classroom, and wrap the canary colored part of this form around medication container. When all doses have been administered (or when form is completely filled in, whichever occurs first), place the white part in the child's classroom file, and give the canary part to the parent or guardian who signed the form.



Neil Tuller, Executive Administrator

Mimi Albert, Director

Incidental Medical Services EpiPen Plan of Operation

Policy:

EpiPens are to be administered in emergency situations for allergic reactions/anaphylaxis in accordance with CA Code of Regulations Title 22, section 101226 c & e and section 101173.

Procedure:

- Designated Site Director and Teachers will receive annual, certified first aid training on the use of EpiPens.
- Unexpired EpiPens will be provided by parents, along with the completion of "Administer Medication" form and this Plan of Operation form, prior to a child's attendance.
- EpiPens will be stored properly, protected from exposure to light and extreme heat, and ready for use at all times, as directed by a physician.
- EpiPens will be inspected by staff and replaced by parents, if discolored, show signs of condensation, or have expired.
- Teachers will call 911, child's parents, Community Care Licensing, and Adventure Time Supervisor immediately after use of an EpiPen.
- We will transport medication and supplies with child(ren) to ensure incidental medical services are not interrupted when there is a disaster that requires relocation of children from the facility.
- A Request to Administer Medication form signed by the parent or guardian and written instructions from the child's physician must be submitted and maintained.
- Teachers will be provided with and wear gloves during any procedure that involves exposure to blood or bodily fluids. Teachers will practice hand hygiene immediately after removal and disposal of gloves. Gloves and any other soiled materials will be disposed in approved containers.
- Teachers will be trained by parent on appropriate use of the medical device when such device is provided to Adventure Time.

Designated Teachers to administer medication: _____

_____ Location of medication: _____

Child's Name: _____ Date: _____

Parent's Signature: _____

Parent's Emergency Phone #: _____

Parent's Address: _____



Neil Tuller, Executive Administrator

Mimi Albert, Director

Incidental Medical Services Inhaled Medication Plan of Operation

Policy:

Inhaled medication can be administered by designated Adventure Time Teachers in compliance with CA Health and Safety Code Section 1596.798 and CA Code of Regulations Title 22, Section 101173.

Procedure:

- Designated Site Director and Teachers will receive annual, certified first aid training on the use of inhaled medications.
- Unexpired inhaled medication will be provided by parents, along with the completion of "Administer Medication" form, "Lic.9166 - Nebulizer" form, and the Plan of Operation form, prior to a child's attendance.
- Written instructions from the child's physician are required by CA Community Care Licensing and must include: indications for use, side effects, dosage, actions to take if dose does not work or side effects occur, storage instructions, telephone number and address of physician.
- Each administered dose will be recorded.
- We will transport medication and supplies with child(ren) to ensure incidental medical services are not interrupted when there is a disaster that requires relocation of children from the facility.
- A Request to Administer Medication form signed by the parent or guardian and written instructions from the child's physician must be submitted and maintained.
- Teachers will be provided with and wear gloves during any procedure that involves exposure to blood or bodily fluids. Teachers will practice hand hygiene immediately after removal and disposal of gloves. Gloves and any other soiled materials will be disposed in approved containers.
- Teachers will be trained by parent on appropriate use of the medical device when such device is provided to Adventure Time.

Designated Teachers to administer inhaled medication: _____
_____ Location of medication: _____

Child's Name: _____ Date: _____
Parent's Signature: _____
Parent's Emergency Phone #: _____
Parent's Address: _____