

224 West Broad Street Gibbstown, NJ 08027
856-423-2096 Fax 856-423-7943

I have received the parent handbook that included the following information:

- Positive Discipline Policy
- Policy on the Release of Children
- Policy on the Management of Communicable Diseases

Child's Name _____

Parent's Signature _____

Date _____

Medication Administration in Child Care Policy and Procedures

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

INTENT: *Assuring the health and safety of all children in our Center is a team effort by the child care provider, family, and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

GUIDING PRINCIPLES and PROCEDURES:

1. When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to child care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the child care provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - ✓ Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in child care.
 - ✓ Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
 - ✓ Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the child care center.
7. Examples of over-the-counter medications that may be given include:
 - ✓ Antihistamines
 - ✓ Decongestants
 - ✓ Non-aspirin fever reducers/pain relievers
 - ✓ Cough suppressants
 - ✓ Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored:
 - ✓ Inaccessible to children
 - ✓ Separate from staff or household medications
 - ✓ Under proper temperature control
 - ✓ A small lock box will be used in the refrigerator to hold medications requiring refrigeration.

9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
 - ✓ Permission to Give Medication in Child Care
 - ✓ Universal Child Health Record
 - ✓ Emergency Contact Sheet
 - ✓ Medication Administration Log
 - ✓ Medication Incident/Error Report
12. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly is the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.
17. The Medication Administration in Child Care Policy will be reviewed annually by the following:

18.
 - Child Care Director _____
 - Licensing Consultant _____
 - Child Care Health Consultant _____
 - Parent/guardian _____
 - Other(specify) _____
 - Other(specify) _____

EFFECTIVE DATE OF THIS POLICY:	PARENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE:
	CENTER DIRECTOR/DESIGNEE SIGNATURE:	DATE:

REFERENCES: Information for the Medication Administration in Child Care Policy was derived from the current *Manual of Requirements for Child Care Centers in New Jersey and Caring For Our Children—The National Health and Safety Performance Standards for Out-of-Home Child Care Programs*, second edition.

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:

DATE OF BIRTH:

GRADE IN SEPTEMBER

HEALTH STATEMENT (CHECK ONE)

- My child is in good health and can participate in the normal activities of the program and does not have any conditions or special needs that require special accommodations.
- My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

PARENT/GUARDIAN SIGNATURE:

DATE:

BLANKET PERMISSION FOR WALKING TRIPS

Center Name: _____

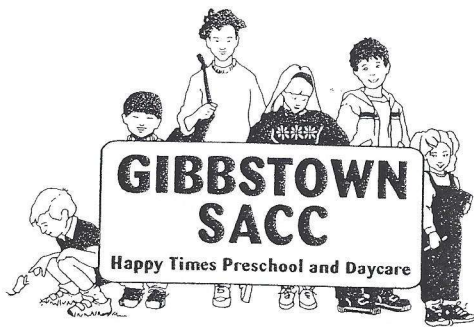
Child's Name: _____

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility other than the following:

GIBBSTOWN'S BROAD STREET SCHOOL

Signature of Parent/Guardian

Date



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PRIVATE PASSENGER VEHICLES

This notice explains the use of private vehicles for the center's field trips.

Private passenger vehicles may be used if:

- 1.) The vehicle has a capacity of eight or fewer persons with seat belts for all passengers.
- 2.) The driver possesses a valid automobile driver's license.
- 3.) The vehicle has a valid inspection sticker.
- 4.) The vehicle owner possesses vehicle liability insurance at least at the minimum amounts required by New Jersey State insurance law, pursuant to N.J.S.A 17:28-1.1a

In order to use a private vehicle all of the above requirements must be met.

I understand the requirements when using private passenger vehicles.

Parent's signature: _____

Date: _____