



ADMINISTRATION OF DRUGS & MEDICATIONS PERMISSION FORM

All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.

Staff can administer medication to a child only when the parent/guardian has submitted this form completed and signed.

All medications must be in the original container. If your child requires an inhaler – the top part of the form will permit staff to administer the inhaler on a set schedule or at the child’s request. If you wish your child to carry the inhaler or epi-pen on their person or self-administer, the second portion of this form with an attached written procedure is required. If medication is to be administered on an “as needed” basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present, the behaviour the child must be exhibiting or the child’s temperature. If your child requires an epi-pen, please also complete the Individual Anaphylaxis Plan.

Name of Child: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Medication Type (inhaler, antibiotics, etc): \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_ Date Prescribed/Purchased: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date to Start Administering in Program: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Dosage to be Administered: \_\_\_\_\_ Time(s) to Administer: \_\_\_\_\_

Additional Instructions for:

Storage: o Staff Fanny Pack (emergency medications only) o Locked Box o Needs Refrigeration

Possible Side Effects: Nausea/Upset Stomach Headache Drowsiness/Fatigue Dizziness/Light headedness Skin Rash/ Itching

Other: \_\_\_\_\_

Administration instructions: \_\_\_\_\_

Stop administration if the following reactions are observed: \_\_\_\_\_

Name of Parent/Guardian Completing Form: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this section if you authorize your child to self-carry and/or self-administer their inhaler or epi-pen as per their individualized medical/anaphylaxis plan.

I authorize my child to: o self-carry their epi-pen/inhaler in own fanny pack o self-administer their inhaler or epi-pen

The section below is for office use only to record when the medication named above was administered. This section is not required to be completed for topical/diapering creams, sunscreen, insect repellent, hand sanitizer

Table with 8 columns: Date, Time Given, Amount Given, Educator's Signature, Date, Time Given, Amount Given, Educator's Signature. It is a grid for recording medication administration.





YMCA OF HAMILTON/BURLINGTON/BRANTFORD

ADMINISTRATION OF DRUGS and MEDICATIONS

STAFF ONLY

There will be times when medication will need to be administered to children in our care. Educators will only administer medication to children in accordance with the following requirements:

- YMCA will administer only prescription medication or patent medicine that contain a Drug Identification Number with written confirmation by the parent.
• Medications must be in their original container as supplied by a pharmacist or the original package and that the container or package is clearly labeled with the child's name, date of purchase and expiration, the dosage of the drug or medication, name of drug, instructions for storage and administration of the drug.
• Parents must fill out the Administration of Medication Form giving authorization to the Supervisor or designate to administer the drug or medication.
• The Supervisor or designate is to handle all dispensing of medications and fill in the Record of Administration Form.
• Medication Forms will be kept in the child's file when administration of medication is no longer required.
• All medications (excluding asthma inhalers and epi-pens) should be inaccessible to children at all times and kept in a locked container, including when refrigerating drugs or medicines.
• Asthma inhalers and epi-pens may remain in the child's possession if a written procedure has been established or in the Educator's fanny pouch that is on their body.

Over the Counter Products Are:

- defined as products that do not constitute drugs or medications ie: sunscreen, moisturizing skin lotion, lip balm, insect repellent, hand sanitizer and diaper cream
• permitted to be administer without documentation of administration once the Administration of Drugs/Medications Permission form has been completed by the parent/guardian (top section)
• stored in accordance with the instructions for storage on the label and the container/package is clearly labelled with the child's name and the name of the item
• administered to a child only from the original container/package and in accordance with any instructions on the label and any instructions provided by the parent of the child

Form with six rows for designate information, each row containing fields for Name (please print), Name (signature), and Date.