

Administration of Medication Policy

For Children in Care

If a child requires allergy-related medication to be administered while they are in the care of the Children's Ministry Department at North Langley Community Church, these guidelines must be followed:

- Staff and volunteers are not permitted to administer any non-allergy related medications to children. Any non-allergy related medications must be kept with the parent/guardian and can only be administered by the parent/guardian.
- Staff and volunteers are permitted to administer allergy related medications when authorized in writing by the parent/guardian. This authorization should be included on the Consent to Administer Medication form.
- For any allergy medications, the parent/guardian must fill out Administration of Medication Consent Form. This form is located at the Assisted Check-In desk.
- All medication must have the following:
 - Child's name
 - Current date
 - Original packaging from the pharmacy
 - Dosage information
- The parent/guardian must also fill out an Individual Care Plan for their child. This will include specific signs and symptoms to watch for with their child as well as specific phone numbers to call and any other specific information for their child. Guardians must then sign/date the Care Plan.
- Store all allergy related medications (i.e. EpiPen's, Benadryl, puffers) in a box out of reach of the children.
- When medication is administered to child record time, date and amount given on Consent Form.

Administration of Medication Consent Form

CHILD'S NAME:	
PHYSICIAN'S NAME:	PHONE:
PHARMACY NAME:	PHONE:
MEDICATION:	PRESCRIPTION #:
HAS THIS MEDICATION BEEN ADMINISTERED TO THIS CHILD PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOSAGE OF MEDICATION:
WHEN TO BE ADMINISTERED:	
ANY POSSIBLE SIDE EFFECTS THAT YOU HAVE BEEN MADE AWARE OF BY PHYSICIAN OR PHARMACY? IF SO, THEN PLEASE LIST.	

I hereby give permission and authorize _____ to administer the medication in the dosage as stated above. This dosage is consistent with the recommendations of the Physician and/or drug manufacturer. I accept the responsibility of supplying the current correct medication in its original container, and I agree to submit a new consent form if there is any change in the medication to be administered.

Signature of Parent/Guardian Date Phone

Caregiver's Administration Record:

DATE	TIME GIVEN	AMOUNT GIVEN	ADMINISTERED BY

Individual Care Plan

Name of Child: _____

Child's Date of Birth: _____

Names of Parent/Guardian: _____

Signs and Symptoms to Watch for:

Care steps required in the event medication is required: (i.e. when to administer medication, how to administer, who to call)

Any additional information:

Signature of Parent/Guardian

Date

Phone