

Illinois State University Program Medication Storage and/or Administration Assistance

Because the administration of medication requires extra staff time and safety considerations, parents/guardians should check with their health care provider to see if a dosage schedule can be arranged that does not involve the hours the child is participating in this program.

If the child/guard requires medication storage and/or administration assistance in order to participate in the activities, the following requirements must be met before program staff can administer or store medications:

- Written Authorization from the Health Care Provider
- Parent/Guardian Written Authorization
- Medication in the original labeled container
- Instructions for proper care and storage of medication
- Documentation of medication administration

Parents/guardians are responsible for providing all medications and supplies required. Program staff will not deviate from the written authorization from the Health Care Provider with prescriptive authority. Program staff must count and record the quantity of controlled substances (e.g., Ritalin) received from the parent, in the presence of the parent.

Prescription medications must come in a container labeled with the child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packed in original container.

Parent/Guardian must complete the following and discuss with program staff before the beginning of the program:

| Prescribed Medication Name | Prescribed dosage and schedule | Notes |
|----------------------------|--------------------------------|-------|
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Request for/Permission to Administer Medication

I, _____ (printed name) am the parent/guardian of
_____ (printed child's name). Because my child/guard requires
medication administration as an accommodation to attend the
_____ on _____, I ask that
trained program staff give the medication(s) indicated below at the times indicated to my
child/guard, according to the Health Care Provider's instructions. I give permission to trained
program staff to administer the medication(s). I understand it is my responsibility to furnish the
medication, and I agree to pick up any unused medication at the end of the program.

Medication Administration Procedure

Medications being administered at this Program must be stored in a secure, locked, clean container and under conditions as directed by the health care provider or pharmacist. Medications that require refrigeration should be stored in a leak-proof container (locked box) in a designated area of the refrigerator separated from food or in a separate and locked refrigerator used only for medication.

Once all requirements are met, the trained program staff will administer the medications utilizing the **5 Rights of Medication Administration:**

1. **Right Child**
2. **Right Medication**
3. **Right Dose**
4. **Right Time**
5. **Right Route (how given)**

Documentation

The person administering the medication must document any medications administered on the Medication Log.

Medication Incidents

A medication incident is any situation that involves any of the following:

- Forgetting to give a dose of medication
- Giving more than one dose of the medication
- Giving the medication at the wrong time
- Giving the wrong dose
- Giving the wrong medication
- Giving the wrong medication to the wrong child
- Giving the medication by the wrong route
- Forgetting to document the medication

Medication incidents will be documented on a Medication Incident Report and reported to the parent/guardian and/or health care provider (as appropriate). Medication incidents that involve medication given to the wrong child or an overdose of medication require consultation with Poison Control.

MEDICATION INCIDENT REPORT

Date of Report: _____

Program: _____

Name of person completing this report: _____

Signature of person completing this report: _____

Child's Name: _____

Date of Birth: _____

Date incident occurred: _____

Time Noted: _____

Person Administering Medication: _____

Prescribing Health Care Provider: _____

Name of medication: _____

Dose: _____

Scheduled time: _____

Describe the incident and how it occurred:

Action taken/intervention:

Nurse Consultant notified: Yes ___ No ___ Date _____ Time _____

Parent/Guardian notified: Yes ___ No ___ Date _____ Time _____

Name of the parent/guardian who was notified: _____

Other persons notified: _____

Follow-up and Outcome:
