



State of Delaware Office of Child Care Licensing

ADMINISTRATION OF MEDICATION SELF-STUDY TRAINING GUIDE

The Nurse Practice Act allows child care providers to administer medication other than by injection, to children in child care facilities regulated by the State. The law allows child care providers to give both prescription and non-prescription medication, provided that parents have given written permission and that the child care provider administering the medication has successfully completed this training.

Prior to administering any medication to children in your care you must study this training guide and be tested on your knowledge of its content. After passing an administration of medication test you will be issued a certificate. **Please retain this certificate as proof that you passed the test.**

Upon completion of this training course, you, the child care provider, should be able to:

1. Identify the legal and ethical responsibilities associated with administering medication.
2. Know the process for obtaining parental permission to administer medication.
3. Identify the “five rights” of medication.
4. Identify the differences between use, misuse, and abuse of medications.
5. Describe policies concerning the usage of prescription or non-prescription medications.
6. List the components of a properly-labeled prescription.
7. Describe how drug information can be obtained from acceptable written resources.
8. Know when not to administer medication.
9. Discuss the system of measure that may be utilized in medication preparation.
10. Recognize the basic abbreviations, symbols, and terminology associated with medication usage.
11. Define medication errors, identify prevention techniques, and list the procedures for reporting errors.
12. Recognize the possible effects of major drug groups.
13. Describe the action(s) to be taken by the provider when adverse effects are recognized.
14. Identify the policies relating to the proper storage of medications.
15. Describe the procedures for the disposal of medication.
16. Describe the elements of a medication log.

I. LEGAL AND ETHICAL RESPONSIBILITY

When administering medications, you are legally responsible to ensure that medications are in original containers and are properly labeled.

The privilege of being able to administer medication is granted to those who successfully pass an approved medication certification exam. When administering medications, you are expected to carry out your role in a manner which protects the child from harm.

A basic understanding of the medications which you are administering is important to the child's overall well-being. Therefore, you are responsible for obtaining needed information on medications so that you can carry out your role in the safest manner.

It is expected both from a legal and ethical standpoint that you will not knowingly participate in practices which are outside of your legally permissible role or which may endanger the well-being of the child.

II. ADMINISTRATION OF MEDICATION BY CHILD CARE PROVIDERS

In addition to becoming certified to administer medication, you, the child care provider, by law, must meet two other conditions prior to administering medication. First, the child care provider must have prior written permission from the parent for each specific medication the child is to be given. The signed and dated written parental permission must specify the child's name, the medication, the proper dosage, the times the medication is to be administered and the route by which the medication is to be given. Second, the medication to be given must be in its original container and properly labeled including administration instructions.

III. THE "FIVE RIGHTS" OF MEDICATION

You must be certain you are administering the right drug to the right child in the right amount at the right time using the right route. Each time a drug is given, you must systematically and conscientiously check your procedure against these five rights:

1. Right Child:

In order to make sure that you have the right child, you have to know the individual. If you are not certain beyond a shadow of a doubt that you are giving the right drug to the right child, STOP, seek assistance from another staff member who is familiar with the child or call the parent.

2. Right Drug:

To ensure that you are administering the right drug, compare the medication log with the pharmacy label and make sure they agree.

3. Right Dosage:

Check the right dosage by comparing the medication log and the pharmacy label to make sure they agree. Carefully measure or count the correct dosage AND compare this amount with the pharmacy label.

4. Right Time:

When prescribing a drug the physician will specify how often the drug is to be taken.

Example:

once a day - approximately the same time each day

twice a day - usually 12 hours apart

three times a day - around meal times

four times a day - 4 hours apart

5. Right Route:

Medications must be administered properly in order for them to have the proper effect on the body. Following are routes of administration:

Oral - by mouth

Topical - placed directly on the skin

Otic - ear drops dropped into the ear canal

Nasal - nose drops/spray dropped or sprayed into the nostril

Optic - placed in the eye

Child care providers may not give any medication injections such as insulin. **Exceptions** to this rule:

1. Epi-Pen

An Epi-Pen is a medical device that serves as an auto injector for epinephrine. Children who have survived a life threatening allergic reaction are often prescribed an Epi-Pen in the event they are exposed to a specific allergen.

If a child in your care has an Epi-Pen you should become familiar with the instructions on the kit. If you are required to use the Epi-Pen, you would inject the medication and then immediately call 911 for assistance. Even if the Epi-Pen has been effective as a temporary first aid measure, continue to transport the child to an emergency room for evaluation and treatment.

2. Glucose monitoring

Child care providers are now permitted to provide glucose monitoring to diabetic children. Lancets would need to be disposed of according to biohazardous regulation or collected in a hard plastic container and returned to the parent for disposal.

IV. THE USE, MISUSE, AND ABUSE OF MEDICATIONS

Use of medication is appropriate when:

1. The doctor has prescribed the medication for the person taking it.
2. The person takes the correct amount prescribed by the doctor or as directed by the label in an over-the-counter medication.
3. The person takes the medication at the proper times for the number of days indicated.

Misuse of medication occurs when:

1. The person takes medication prescribed for someone else.
2. The person changes the amount of the medication thinking that “if this amount is good, more must be better.”
3. The person does not take the medication at the correct times or for the length of time required.
4. The person keeps unused medications beyond the expiration date for “future” use.

Abuse of medication occurs when:

1. A person gets prescriptions from several different doctors for the same false symptoms.
2. A person takes drugs to such an extent that he is unable to function properly and his behavior is strange.

V. PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Prescription Medication:

This group includes all drugs which must be ordered by a medical doctor and be provided by the doctor or a pharmacist.

A prescription drug is provided for one person who has a specific condition which the doctor is treating by using the prescription drug.

Non-prescription Medication:

Non-prescription medications are also called “over-the-counter” or OTC drugs.

Over-the-counter drugs can be purchased without a prescription.

Common over-the-counter drugs include pain relievers like plain aspirin or Tylenol and certain cold remedies like Contac and Robitussin.

Even over-the-counter medications are meant to be used for specific reasons. The symptoms which can be helped by an over-the-counter medication are listed on the label.

Guidance from a doctor is a good idea even when using over-the-counter medications.

VI. PRIOR TO GIVING A MEDICATION

Before being able to give medication, the following information must be available:

1. There must be written permission from the child's parent to give the specific medicine. This written permission is in the form of a signed Medication Administration Log.
2. The prescription medication label must be made out clearly, with proper directions, and be in the name of the child to whom you are giving the prescription. Simply put, the medication must be in its original container.
3. In the case of over-the-counter drugs, the label must be clear so that directions for use, dosage, and storage are readable. When over-the-counter medications are for children under two years of age, a physician or nurse practitioner's direction as to amount and frequency should accompany the container.

A. A PROPERLY LABELED PRESCRIPTION

The prescription functions as a written order from the doctor to the pharmacist. The pharmacist will then provide the medication in a container which has a pharmacy label. The label should contain at least as much information as the doctor's prescription.

The following is an example of a proper pharmacy label:

Line 1	432-7107	My Pharmacy	732 S. Ocean Town, DE
Line 2	Tim Potter		4/1/04
Line 3	Ampicillin	250 mg.	#24
Line 4	Take one (1) capsule four (4) times a day.		
Line 5	Rx 2284		Dr. T. Berry
Line 6	Refills remaining: 0		
Line 7	Exp. Date: 4/1/05		

- Line 1. Pharmacy's phone number, name, and address.
- Line 2. Name of the person for whom the medication is intended and date prescribed.
- Line 3. Name of drug, strength of each capsule, and number of capsules in the container.
- Line 4. Directions for taking the medication.
- Line 5. Prescription number and the physician's name.
- Line 6. Number of times the medication may be renewed without a new prescription.
- Line 7. Expiration date: It is unsafe to take some medications after a certain period of time. If the medication has an expiration date, it should appear on the pharmacy label.

B. RESOURCES AVAILABLE FOR OBTAINING INFORMATION ABOUT SPECIFIC MEDICATIONS

For over-the-counter (OTC) medications, the information concerning specific indications for use, side effects, possible drug interactions and storage is printed on the package, package insert or container.

For prescription drugs, the container itself will give directions for use including whether it should be taken with or without food. If a drug must be refrigerated or have special handling, the pharmacist will put it on the container. Also, the pharmacy package insert for particular drugs will describe the drug, its intended use, side effects which can occur with use, side effects which warrant immediate medical consultation, warnings about individuals who should not be using the drug, and any special handling or storage directions as appropriate.

Any pharmacist can also provide answers to questions. A drug book or official drug company websites on the Internet can provide information. Additionally, the Office of Narcotics/Dangerous Drugs (302-739-4798) can send you printed information on a specific drug.

C. WHEN NOT TO ADMINISTER MEDICATION

1. If any one of the following items is missing:
 - your facility's medication log which would include the parental permission
 - legible pharmacy label
2. If the child exhibited a dramatic change in attitude and/or behavior when given medication previously.
3. If you have any doubt that you have the **right child, right drug, right dosage, right time or right route**, get assistance

from another staff member or call the parent before administering drug.

If the child has difficulty in taking the medication (swallowing a large tablet, for example), check with the parents for administration techniques specific to that child's needs.

If you do not administer the medication, immediately notify the parent, explain why you made this decision and document on the medication log.

VII. THE ADMINISTRATION OF A MEDICATION

A. PROPER MEASURING OF MEDICATION

When giving medication, especially liquid, an accurate measuring device must be used. Most pharmacies will provide a free measuring cup which will hold up to a fluid ounce.

Some of the more common measurements you may want to be aware of include:

2 Tablespoons (Tbsp.) = 1 fluid ounce

1 Tbsp. = ½ fluid ounce

1 teaspoon (tsp.) = 1/3 Tbsp.

The prescription labels with which you will come into contact will be written in a manner that is easy to understand (examples: take one teaspoon every four hours; take one capsule daily). Labels may contain one or more commonly used medical abbreviations or symbols. Some of the more frequently utilized ones include:

bid – twice a day

qd – every day

qid – four times a day

prn = as needed

cap = capsule

oz. = ounce

fl. = fluid

B. THE PROCEDURE OF ADMINISTRATION

When you, the provider, give the child his medication, you become responsible for assuring that the “five rights” of medication are followed. They are: **the right drug to the right child at the right time in the right dose by the right route.** This means that you, the provider, are responsible for the following information:

1. Know the time that each medication is to be taken.
2. Check the medication label:
 - a. to ensure that you have obtained the right medication at the right time.

- b. to familiarize yourself with the manner in which the medicine is to be taken (is it a pill, a lotion to be applied, ear drops?, etc.)
 - c. to note any special instructions for usage (e.g., take with milk; shake well before using).
 - d. to ascertain the correct dosage indicated.
3. Give the right medication to the right child using the proper equipment (this may include a cup, spoon, water, dropper, etc.)
 4. Measure and administer medication by the right route (this may be by mouth, application to skin, in eye or nose, etc.)
 5. Return the closed medication container to the proper storage area.

C. THE TIMING OF DOSAGES

Sometimes a medicine label will not state the time to take the medication. The label may simply say: “take three times a day”, etc.

In order to ascertain the time to take a medication ordered in this manner, ask the parent when the last dose was taken.

The following rules for spacing apply:

4 times a day = 4 hours between doses

3 times a day = at meal time (check specific medication recommendation, i.e., is medication to be taken before, after, or with meals)

2 times a day = on waking and at bedtime

D. MEDICATION TECHNIQUES FOR INFANTS / TODDLERS

Assisting with medications in pediatric populations may be difficult and will require special techniques. Based on the rapid growth and developmental changes in infancy and childhood, the following techniques may be utilized for helping with the developmental capacity of the child:

Young Infant: Place the measured medication in an empty nipple and allow the baby to suck it out.

Older Infant: Place the medication in a small cup or measuring spoon. Hold the infant firmly, holding the hands so that the infant does not push the medicine out of your hand. Gently, pour the medication into the child’s mouth.

NEVER PUT THE MEDICATION IN THE BOTTLE. There is no way to be certain that the child will take all the medication and there is always the danger that the child will refuse to take desired fluids.

Toddler (1-3 years): Never ask if the toddler wants to take medication now. You may get a “no” response and if you proceed to give the

medication anyway, you will lose the toddler's trust. If the child is still unable to handle a cup well, use the same process as with the older infant. If the child can handle a cup easily, pour the medication into a small cup and allow the child to drink the medication with supervision. Pills utilized for this age group are usually in chewable form. Stay with the child to make sure that the pill was in fact chewed.

E. DOCUMENTATION

When you give a child medication it is important that you document the time and dosage. This is especially important if you share the responsibility of giving medication with another person in your facility, if more than one child is receiving medication, or if someone other than yourself is sharing medication information with parents at the end of the day. Additionally, it is essential in terms of your liability to keep records of medication you have administered. The best way to keep this information is on a Medication Log.

A Medication Log is simply a sheet of paper for each child that states:

1. All the medications to be taken during the day
2. The name of the person who is administering the medication
3. The time that the medication should be taken
4. The amount of each drug to be taken by the child
5. The name of the child who is to receive the medicine

Over-the-counter drugs (OTC) are very widely utilized and can range from Tylenol to sunscreen lotion to cough medicine. OTC medications should be treated the same as prescription medications. **Yes**, sunscreen, diaper rash creams and medicated powders **are** medications and do require parental permission and documentation on a medication log.

An example of a recommended Medication Log which includes a parental consent is located in Appendix I. If your facility chooses to use a Medication Log specific to your site, make sure that Log contains all the necessary pieces of information.

F. MEDICATION ERRORS

A medication error occurs when any one or more of the "five rights" of medication are violated. A medication error has occurred if:

1. The child took the wrong medication.
2. The child took the wrong dose.
3. The child took the medication at the wrong time or a medication was not taken at all.
4. The medication was taken by the wrong route.

If a medication error occurs, you must **immediately call** the child's parents. Tell the parents on the phone:

WHAT: What type of error was made

WHEN: When the error occurred

If the parents cannot be reached, call the prescribing physician and report the above.

It is essential that clear and accurate documentation of the medication error is made.

G. AVOIDING MEDICATION ERRORS

In addition to the "five rights" of medication, there are some additional safeguards to help minimize medication risks.

DO:

Give your full attention to the task.

Remain with the child until you are sure the medication has been taken.

Prepare medication for only one child at a time.

DON'T:

Administer medication that has been prepared by another provider.

Take medication from a container which has a label that cannot be read.

Take medication from another person's container.

Try to hide a medication error.

It is very important to check the medication label many times during the above process to ensure that the "five rights" of medication are being adhered to.

H. THE EFFECTS OF MAJOR DRUG GROUPS

For each child's protection and safety, it is important for you to notice the effect that the medication has on the child. The time factor between taking a medication and its onset of action can be found by using a drug book or by asking the pharmacist. Each medication has a different time for onset of action. Always note the onset of action and take the time to notice the effect of the medication.

A medication, when taken, can have three basic effects:

1. No effect
2. Desired effect
3. Undesired effect

Examples:

1. A person may be taking cough syrup for a cough, yet after ½ hour there is no improvement in the cough. This is an example of a medicine having no effect.
2. A person may take two aspirins for a headache and within the hour the headache is gone. This is an example of a medicine having a desired effect.
3. A person may be taking penicillin for a strep throat. An hour after taking the medication, the client may notice a very itchy rash developing. This is an example of a medicine having an undesired effect.

In order to ascertain what effect the medicine is having on a child, you must first be familiar with the desired effect of the medication.

Medicines for children may be divided into five basic groups. Each group of medicines has a different effect on the child:

1. Heart medicines (for example Digoxin) used to slow down or change the heart's function may cause palpitations, headache or stomach upsets.
2. Anticonvulsants (for example Phenobarbital) used for seizure disorders may cause drowsiness.
3. Antibiotics used to fight infection may cause allergic reactions.
4. Fever, pain (for example aspirin, Tylenol) reducers may cause stomach upsets.
5. Mood changing (for example Valium, Ritalin) may cause drowsiness or over activity.

I. THE ADVERSE EFFECTS OF MEDICATION

The child in question has a sore throat and has already missed one day in care because of this. He is now taking penicillin – 1 tsp., four times a day. About 15 minutes after his noon dose, you notice him scratching. A rash has developed on his face, neck and arms. It is getting harder for him to breathe. How would you react?

This is an extreme example of a drug reaction. Many times seemingly harmless drugs have an adverse reaction in sensitive persons.

Always take the time to notice the effect of the drug the child has taken.

How do you respond when you notice a child is having an adverse reaction to a drug?

1. STOP the drug.
2. CALL and inform parents of the child's reaction.

3. If they are not available, call the prescribing physician.

When the reaction is so severe as to threaten the life of the child, as in the above example, **CALL FOR HELP BY DIALING 911**. After calling for help, notify the child's parents.

How do you know if what you are seeing is a drug reaction?

KNOW the drug before you give the medication to the child. Drug information can be obtained by checking the package inserts that come with the drug, calling your local pharmacist or checking the official drug company website on the Internet.

If you are not sure if what you are seeing is an adverse reaction, call for help.

VIII. OTHER MATTERS REGARDING MEDICATION

A. THE STORAGE OF MEDICATION

For your safety and the safety of the children in your care, the following measures for storage of medications are suggested:

1. Medications and drugs are to be in their original, labeled container. For prescription medications, the label must include the child's name, the date the prescription was issued and the prescribed dose.
2. All medications are to be stored so as to be secure and inaccessible to children.
3. All medications stored in a refrigerator are to be kept in a separate container, preferably a locked one.
4. All medications must be stored under proper conditions of sanitation, temperature, light and moisture.

It is strongly recommended that the key to the locked medicine cabinet be kept either in one specific location or on the person of the individual having the responsibility for the proper storage of medication at that time in the facility.

Medications are always labeled with specific written instructions regarding special storage requirements. Always read the label carefully. Many medications require refrigeration between uses.

B. THE DISPOSAL OF MEDICATION

When a prescription is discontinued or if medications are left after a child leaves the center, the medications should be returned to the parents or disposed of in a safe manner (flushing down the toilet is acceptable for small amounts).

APPENDIX I

THE MEDICATION LOG

Attached is a sample medication log and a blank log which you may duplicate and use. The log is designed to be used for a specific child for a specific month. After the log is completed it is recommended that it be retained in the child's record.

MEDICATION LOG INSTRUCTIONS

CHILD'S NAME

DATE OF BIRTH

ALLERGIES - list allergies

PARENT'S/GUARDIAN'S NAME

DOCTOR'S NAME & PHONE - for quick reference for further information

DRUG - name of medication

DOSAGE - amount of medication to be given, i.e., 1 tsp.

ROUTE - route of administration; see back of Med. Log

REASON - why medication needed, i.e., ear infection

DATE START - date medication is to begin

DATE END - date medication is to end

SP.DIR. - special directions, i.e., take before eating

TIME - list the time of day medication is to be given

The numbers across the top are the days of the month.

The parent must sign and date the permission statement after the parent or you fill out the information section on a specific medication.

Place your initials in the appropriate box according to the time and date you give each dose.

DATE, TIME, COMMENTS - on the back of the log is a space to note reactions to the drug, time, your response and any medication errors

NAME OF PERSON ADMINISTERING - identifies the full name of the person (s) whose initials appear

APPENDIX II

THE MEDICATION LAW REGARDING CHILD CARE PROVIDERS

AMENDMENT TO SECTION 1921, TITLE 24 OF THE DELAWARE CODE RELATING TO EXCEPTIONS FROM THE NURSING ACT.

WHEREAS, the present Nursing Act precludes the administration of medication in child care homes or child care centers, permitting assistance only after completion of a State approved medication training program; and

WHEREAS, public policy calls for a further exception to the Act providing for administration of medication with written parental permission.

NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY TO THE STATE OF DELAWARE:

Section 1. Amend Subsection (a) (10), Section 1921, Title 24 of the Delaware Code by striking therefrom the words "Child care homes or child day care center of".

Section 2. Amend Section 1921 (a), Title 24 of the Delaware Code by redesignating Subsections (11) and (12) as Subsections (12) and (13) and creating a new Subsection (11) which shall read as follows:

"(11) Administration of prescription or non-prescription medications, other than by injection, by child care providers, who have successfully completed a State approved medication training program, to children in child day care homes or child day care centers regulated by the State under Sections 341-344 Chapter 3, Title 31 of this Code provided the medication and written permission for the administration of the particular medication has been obtained from the child's parent or legal guardian and further provided the medication is in its original container, properly labeled. Properly labeled medication shall include instructions for administration of the medication;"

SYNOPSIS

This Act provides for the administration of prescription medications to children in child care homes or child care centers by child care providers upon written permission from a child's parent or legal guardian.

Conclusion

Medication administration in the child care setting should not be taken lightly. After reviewing the available literature, if you have a question regarding the medication, its actions, side effects or appropriateness, contact your Licensing Specialist. If your Specialist is unable to resolve the matter, the question will be forwarded to the nurse for resolution.

MEDICATION LOG

CHILD'S NAME: _____ D.O.B.: _____ ALLERGIES: _____

PARENT'S/GUARDIAN'S NAME: _____ DR: _____ TELEPHONE: _____

MONTH: _____

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
DRUG:																																		
DOSAGE:																																		
ROUTE:																																		
REASON:																																		
DATE START:																																		
DATE END:																																		
SP. DIR.:																																		

I, the parent or guardian of the above child give permission for the above medication to be administered.

Signature _____
Date

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
DRUG:																																			
DOSAGE:																																			
ROUTE:																																			
REASON:																																			
DATE START:																																			
DATE END:																																			
SP. DIR.:																																			

I, the parent or guardian of the above child give permission for the above medication to be administered.

Signature _____
Date

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
DRUG:																																				
DOSAGE:																																				
ROUTE:																																				
REASON:																																				
DATE START:																																				
DATE END:																																				
SP. DIR.:																																				

I, the parent or guardian of the above child give permission for the above medication to be administered.

Signature _____
Date

MEDICATION LOG (Cont'd)

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DRUG:																																
DOSAGE:																																
ROUTE:																																
REASON:																																
DATE START:																																
DATE END:																																
SP. DIR.:																																

I, the parent or guardian of the above child give permission for the above medication to be administered.

Signature

Date

DATE	TIME	COMMENTS

NAME OF PERSON ADMINISTERING	INITIALS	ROUTES OF ADMINISTRATION:
		ORAL (BY MOUTH)
		EYE DROPS (OPTIC)
		NOSE DROPS (SPRAY) (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)

MEDICATION LOG

CHILD'S NAME: Anna Child D.O.B.: 03/15/1998 ALLERGIES: NONE

PARENT'S/GUARDIAN'S NAME: Jana S. Child DR: William B. Smith TELEPHONE: 362/555-1243

MONTH: April 2005

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DRUG: <u>Cefaz</u>	<u>12 NOON</u>	<u>BC</u>	<u>-</u>	<u>-</u>	<u>BC NP</u>	<u>BC NP</u>	<u>BC NP</u>	<u>-</u>	<u>-</u>	<u>BC</u>																						
DOSAGE: <u>1 tsp</u>																																
ROUTE: <u>oral</u>																																
REASON: <u>ear infection</u>																																
DATE START: <u>04/01/2005</u>																																
DATE END: <u>04/11/2005</u>																																
SP. DIR.: <u>NONE</u>																																

I, the parent or guardian of the above child give permission for the above medication to be administered.

Jana S. Child 04/01/2005
 Signature Date

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DRUG: <u>Robatussin</u>	<u>2pm</u>																		<u>BC</u>	<u>BC</u>												
DOSAGE: <u>1/2 tsp</u>																																
ROUTE: <u>oral</u>																																
REASON: <u>cough</u>																																
DATE START: <u>04/18/2005</u>																																
DATE END: <u>04/19/2005</u>																																
SP. DIR.: <u>None</u>																																

I, the parent or guardian of the above child give permission for the above medication to be administered.

Jana S. Child 04/18/2005
 Signature Date

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DRUG:																																
DOSAGE:																																
ROUTE:																																
REASON:																																
DATE START:																																
DATE END:																																
SP. DIR.:																																

I, the parent or guardian of the above child give permission for the above medication to be administered.

Signature Date

MEDICATION LOG (Cont'd)

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
DRUG:																																		
DOSAGE:																																		
ROUTE:																																		
REASON:																																		
DATE START:																																		
DATE END:																																		
SP. DIR.:																																		

I, the parent or guardian of the above child give permission for the above medication to be administered.

Signature _____

Date _____

DATE	TIME	COMMENTS

NAME OF PERSON ADMINISTERING	INITIALS	ROUTES OF ADMINISTRATION:
BARBARA COLLINS	BC	ORAL (BY MOUTH)
NANCY PRICE	NP	EYE DROPS (OPTIC)
		NOSE DROPS (SPRAY) (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)