

Medication Consent Form - Consent Form 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

See reverse side of form for Medication Policies

Medication Policies

Prescription and Non-Prescription Medication:

- Requires specific written instructions signed by the physician and authorization by a parent or guardian for administration by the director or person designated to give medication at Maplewood Enrichment Center.
- 105 CMR 430 160(A) – Medication prescribed for children shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statement, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medication for children shall be kept in the original container, containing the original label, which shall include the directions for use.
- If a liquid medication is to be administered at the Maplewood Enrichment Center, the parent must provide the administration device with clear marked measurements (medicine sip-vial, medicine cup, dropper or syringe)
- 105 CMR 430 160(C) – Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. If the health care professional authorized to administer prescription medications, the administration of medication shall be under the professional oversight of the health care consultant. Medication prescribed for children brought from home shall only be administered from its original container; there is written permission from the parent/guardian and the health care consultant approved in writing the administration of the medication.
- Non-prescription ointment, topical lotion requires only a note signed by a parent, specifying time and dosage (not to exceed 3 months). It must be in original container with legible label and child's name.
- 105 CMR 430 160(D) – When no longer needed, medications shall be returned to a parent or guardian whenever possible the medication cannot be returned, it shall be destroyed.

* Health supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Individual Health Care Plan Form

plan must be renewed annually or when child's condition changes

Check all that apply:

Plan was created by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+yrs. of age)
- Other: _____

Plan is maintained by:

- Director
- Assistant
- Director Child's
- Educator
- Other: _____

Name of Child:	Date:
Any change to this child's Health Care Plan? YES (Indicate changes below) NO (updated physician / parent or guardian signature required)	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Names of educator that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, programs Health Care Consultant)	

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For older children (9+yrs. of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of Birth: _____ Back up medication received? Yes No

Parental/Guardian signature: _____ Date: _____

Administrator's signature: _____ Date: _____