

## MEDICATION POLICY

Written procedure is established by a legally qualified medical practitioner or a nurse registered under the *Health Disciplines Act* for,

- (a) the administration of any drug or medication to a child in attendance in a day nursery operated by the operator.
  - (ii) the keeping of records with respect to the administration of drugs and medications, including those records required under the *Controlled Drugs and Substances Act* (Canada);
- (b) all drugs and medications on the premises of a day nursery is provided are,
  - (i) stored in accordance with the instructions for storage on the label,
  - (ii) administered in accordance with the instructions on the label and the authorization received under clause (d),
  - (iii) inaccessible at all times to children, and
  - (iv) in the case of a day nursery, kept in a locked container;
- (c) one person in each day nursery operated by the operator is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person in accordance with the procedures established under clause (a);
- (d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and
- (e) a drug or medication is administered to a child only from the 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, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and instructions for storage and administration. R.R.O. 1990, Reg. 262, s. 37; O. Reg. 505/06, s. 8.

**MEDICATION**

**CHILD'S NAME:**

DATE	TIME	NAME OF MEDICATION	QUANTITY	STAFF NAME	STAFF SIGNATURE	OBSERVATION

**Medication Authorization Form**

The medication will only be administered if it has been prescribed by a qualified medical practitioner, is in it's original container and I have a signed the permission form with directions.

I, (Parent's name) \_\_\_\_\_,

authorize MARLA'S INFANT & CHILD CARE CENTRE INC.to administer

(Name of Medication) \_\_\_\_\_

to my child (Child's name) \_\_\_\_\_  
with the following instructions:

Dosage: \_\_\_\_\_

Time(s): \_\_\_\_\_

Special Instructions (ex.: on full/empty stomach, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date