

Medication Administration Acceptance Checklist

Name: _____ Date of Birth: _____

Before School/Program Accepts Medication

- Medication label and medication orders* match for:
- Child
 - Medication
 - Dosage
 - Time
 - Route
- Parent signature and date
 - Health Care Provider signature and date
 - Expiration date of medication current
 - Medication amount documented

Before Medication is Stored in School/Program

- Medication order or individualized health plan communicated to RN.
- RN authorized medication order/individualized health plan
- Medication administration log completed
- Copy of completed individualized health plan and administration log is placed with emergency medications
- All school/program staff with 'need to know' have been informed.
- Medication secured in designated place

At End of Medication Order

- Parent notified to pick up medication.
- Medication returned to parent and documented on medication administration log.
- Disposal documented on medication administration log.
- Medication order and administration log stored in child's record.
- Extra copies of documents destroyed.

***Medication orders may be described in an individualized health care plan.**

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