

# ADMINISTRATION OF MEDICATIONS

## 1. Parental Responsibilities

### Medication Policy

Koinonia will store and administer prescribed inhalers and Epi-pens, non-prescription topical medications and EMERGENCY oral medications (i.e. Benadryl) with the parent's written consent. This authorization form, which must be **signed by a doctor and a parent**, is enclosed. One form for each prescription or non prescription medication is required. Ex. of non prescription medications include Tylenol, Benadryl, antibiotic ointment, cortisone creams Etc. Before any new medication is given, the child must have taken it at least once previously. All medications must be in their original container and clearly labeled with child's name and directions for use.

Except for non-prescription medications and pre-filled injectables, (i.e. Epi-pens), all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be double locked. Non-prescription topical medications and pre-filled commercially prepared injectable medications will be stored away from food and inaccessible to children.

Koinonia will keep accurate documentation of all medications administered. Included in the documentation are:

- The date the medication was administered
- The time it was administered- if given 1 hr. later than prescribed, patient will be notified.
- The dose it was administered
- The signature of the staff administering
- Any comments

Staff is trained in the administration of medication by our nurse consultant. This training is renewed every three years. Training for injectables is repeated once per year. At no time is an untrained staff allowed to administer medications.

\*\*\*\*\*Authorization of Medications form MUST BE filled out and signed by both doctor and parent for any of the above Medications to be administered. \*\*\*\*\*

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### Non-Prescription Topical Drug Consent Form

I \_\_\_\_\_ give Koinonia my consent for the staff to apply non-prescription ointments and creams for the benefit of my child \_\_\_\_\_ at my request.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE- This form is for sun block and insect repellent only. All other topical medications see above. All ointments and creams must be in its original container and well labeled.