IMPORTANT INFORMATION ABOUT MEDICAL FORMS

Our licensor, the Mass. Depatrment of Early Education & Care (EEC), in accordance with Mass General Laws and the Department of Public Health (DPH), has very strict regulations regarding the documentation, application and storage of all medications in a school or childcare setting. All medications, including lotions, must be delivered directly to a teacher or the director. **NEVER LEAVE MEDICATIONS IN YOUR CHILD's CUBBY OR BACKPACK!**

Please reveiew the following information and let a B.A.S.E. director know if you have any questions.

For allergies requiring an EpiPen we must have following:

- A medical consent form signed by a parent. This form - which is provided by B.A.S.E. - must be filled out completely and include dosage in ml's (not teaspoons).
- An Individual Health Care Plan - which is provided by B.A.S.E. - filled out and signed by parent *and* clinician. Again, every item on this form must be completed. Incomplete forms will be returned to the parent.
- An EpiPen in its original packaging with the prescription.
- An ACTION PLAN from your child's clinician.

For allergies requring an OTC anti-hystamine such as Benadryl:

- A medical consent form signed by a parent *and* clinician.
- An Individual Health Care Plan filled out and signed by parent *and* clinician. Every item on this form must be completed. Incomplete forms will be returned to the parent.
- The medication in its original container.
- If the Benardryl (anti-hystamine) is to be used in conjunction with an EpiPen as part of the child's allergy management plan, an ALLERGY ACTION PLAN must be provided by your child's clinician.
- All non-prescription medications must be labeled with your child's name and be accompaniend by a dosing spoon.

For inhalers or nebulizers:

- A medical consent form signed by a parent. This form must be resubmitted and signed every time the dosage or frequency of treatment is changed.
- An Individual Health Care Plan filled out and signed by parent *and* clinician. Every item on this form must be completed. Incomplete forms will be returned to the parent.
- An ASTHMA ACTION plan from your child's clinician.
- A complete inhaler including the spacer (or nebulizer).
- Medication in its original packaging with the prescription.

For short term prescribed medication (i.e. antibiotic)

- A medical consent form signed by a parent *and* clinician. Medical consent forms for short-term prescribed medication expire after two weeks.
- Medication in its orginal container with a dosing spoon.

For non-prescription topical creams for oocasional use (i.e. for dry skin, itchiness, etc):

- A medical consent form signed by a parent. Topical creams or lotions cannot be applied to open wounds without further documentation.

All signatures are valid for one year.

Child's Photo

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 the child's Health Care Plan? YES (indicate changes below) NO (updated physician/parental signatures required)
Name of chronic health care condition:
Description of chronic health care condition:
Symptoms:
Medical treatment necessary while at the program:
Potential side effects of treatment:
Potential consequences if treatment is not administered:
Name of educators that received training addressing the medical condition: All staff who have been trained in the "5 Rights of Med. Administration"
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant): B.A.S.E. CPR / 1st Aid Training

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

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For Older Children ONLY (9+ years 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

Parent signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION 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)

The Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION ADMINISTRATION RECORD

(This record must be maintained in the children's file when completed)
606 CMR 7.11 (1-3)

FOR STAFF USE:
Who trained the staff? _____
Has the Medication Consent form been completed? ____
Have the "5 rights" been addressed? ____
Is the medication in a safety cap container? ___
Is the original prescription label on the medication container? ___
Is the name of the child given below on the container? ___
Is the date on the prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled; within the year otherwise? ___
Is the dose, name of drugs, frequency of administration given on the label consistent with parental instructions?___

Medication can be administered only if the answers to all questions above are "Yes"

CHILD'S NAME_____MEDICATION_____

DATE	TIME	MEDICATION	DOSE	ROUTE	STAFF SIGNATURE	MISDOSES ERRORS	CHILD REFUSAL ☑

Did you check the label 3 times?_____

If child refused medication explain why?_____