

Child's Name: _____

PROCEDURE FOR ADMINISTERING MEDICATION(S) AT BHCP

The goal of Beverley Hills Church Preschool in the administration of life-saving medications to your child is SAFETY – the right medicine, to the right child, in the right amount, administered via the right route, at the right time. Your help is needed to achieve this goal!

If your child has a medical condition that requires medication at school for a life-threatening condition, follow these 12 steps:

1. A separate Authorization form (reverse) completed by the parent/guardian and licensed prescriber is required for each medication. All forms must be renewed no later than every 6 months.
2. Faxed copies of the Authorization forms are accepted.
3. Whenever there is a change in medication dose or time of administration a new Authorization form and new labeled medication container are required.
4. When the medication needs to be available at home AND at school, ask the pharmacist for two (2) labeled containers – one for home and one for school.
5. **Medication Containers:**
 - All prescription medications must be in the original box and have a pharmacy label with the following information:
 - i. Time to be given - specify reason or condition for which to administer medication
 - ii. Child's name
 - iii. Name of medication—Trade and Generic names
 - iv. Physician's name
 - v. Dose/amount to be given—weight per volume or # puffs and frequency
 - vi. Route medication to be given
 - vii. Frequency—as needed for...
 - All OTC (over-the-counter) medications and physician samples DO NOT need a pharmacy label but parent MUST:
 - i. Provide Authorization form completed by Parent/Guardian and Licensed Prescriber
 - ii. Send the medication to Beverley Hills Church Preschool in the original container
 - iii. Write child's full name and date of birth on the container
6. Parents/guardians are advised to hand-deliver medications with Authorization forms directly to Beverley Hills Church Preschool Director..
7. Field Trips or other off-site school activities (e.g. Outdoor Lab) – Please discuss arrangements for medications with the school Director and student's teacher.
8. Unused medication should be picked-up within one (1) week of expiration date of order or on last day of school. After that time it will be destroyed by Beverley Hills Church Preschool Director.

**AUTHORIZATION FOR MEDICATION
RELEASE AND INDEMNIFICATION AGREEMENT**

PARENT/GUARDIAN (Must complete TOP SECTION)

I hereby authorize Beverley Hills Church Preschool PMAT/MAT trained personnel to give the medication described below as directed by this authorization. I agree to release, indemnify, and hold harmless Beverley Hills Church Preschool, and any of its officers, staff members, or agents from any lawsuit, claim, expense, demand, or action, etc., against them arising out of or in connection with assisting this student by administration of medication to him/her as requested by the parents, including any adverse effects to the medication. I have read the "Procedures for Administering Medication(s) at BHCP" on the reverse side and assume the responsibilities as set forth.

Student Name: _____ DOB: _____ School: Beverley Hills Church Preschool

Teacher Name: _____ Attends Extended Day: AM: Yes ___ No ___ PM: Yes ___ No ___

Parent/Guardian Printed Name: _____ Daytime Phone: _____

Parent/Guardian Signature: _____ Date: _____

Special Training Required for Beverley Hills church Preschool personnel to administer: (circle one)

PMAT: Epi-Pen administration & topical ointment/cream application

MAT: Medication administration beyond the limits of PMAT

PARENT'S NAME (PRINT OR TYPE)

PARENT'S SIGNATURE

Date

Telephone Number _____

FOR STAFF ONLY: Signing here indicates that the medication review has been completed.

BHCP Director's Signature

Date