

Task: Medication Administration

Task	Person Responsible	Date to be Completed
1. When notified that medication needs to be given at Head Start an Individualized Health Action Plan must be completed. The Individualized Health Action Plan is to be completed and signed by the provider, reviewed and signed by the Health Services Manager, and the parent/guardian.	Family Advocate	Immediately
2. Inform the teachers, Area Coordinators, and Health Services Manager of children requiring medication administration via email.	Family Advocate	Immediately
3. Receiving Medication: **Medication must be in its original container, properly labeled (child's name, frequency and amount of dosage, name of the medication, duration of the medication, method of administration, expiration date, storage instructions, date filled and the prescribing provider.) **Medication Control Sheet is completed indicating the date and amount of medication received by staff. Staff and parent must initial and date this action.	Teachers	Upon receipt of Medication
4. Place Medication Administration Control Sheet and the Individualized Health Action Plan with the medication in a lock box out of reach of children and stored appropriately.	Teachers	Upon receipt of Medication
5. Complete the Medication Administration Control Sheet each time the medication is administered. (time, date, dosage, person administering the medication and indicate if there was any changes in behavior, refusals, spillage, etc.) Place the form back with the medication.	Teachers	After administering medication
6. Review the Medication Control Sheet with the parent/guardian monthly unless concerns arise. Have the parent/guardian sign the form and provide them a copy. Place the original in the child's file.	Teachers	Monthly
6. When returning medication to the parent/guardian: **Initial, date and indicate the amount of medication given back to the parent on the Medication Control Sheet and file in child's file.	Teachers and Parent/Guardian	Returning Medication