

Staff Medication Intake Checklist Children's Programs

Staff Name _____

PRCS Program/Location _____

Child's Name _____

Medication _____

Instructions for staff: Use one checklist PER medication, fill out the checklist, sign and date at the bottom, and file with the medication authorization.

Short-term (10 business days) Medication Authorization Checklist		
Items for each staff receiving medication to verify:	Yes/No	Staff initials
1. Did the parent/guardian provide the medication and PRCS Medication Authorization Form?		
2. Does the child have an allergy which requires medications? If yes, please make sure page 2 of the short-term medication authorization form is completed.		
3. Will the medication need to be on-site for more than 10 days? (If yes, instruct parents to read the Long-term medication form instructions and have the physician fill it out immediately)		
4. Has the parent filled out a medication authorization form for PRCS? <u>Please check the form to make sure it is not a Loudoun County Public Schools form.</u>		
5. Are authorization dates specific and last no more than 10 business days?		
6. Did parent/guardian sign and date?		
7. Does the name of the medication on the form match the actual medication? *For Example, if provided with Benedryl, form must say Benedryl *If the form lists name of drug in its generic form, the medicine may be name-brand or generic.		
8. Does the dosage on the authorization form match the dosage on the medication label? (If it doesn't match, we will need a physician's authorization immediately and cannot accept the medication or authorization)		
9. Is the medication in its original packaging (including box) with medication name, dosage amount and times to be given?		
10. Is the medication (package and medication) labeled with the child's name?		
11. Is the expiration date on the medication current?		
12. Is medication locked away and will it always be locked and out of reach of children?		

Long-term Medication Authorization Checklist		
Items for each staff receiving medication to verify:	Yes/No	Staff initials
1. Did the parent/guardian provide the medication and PRCS Long-Term Medication Authorization Form?		
2. Does the name of the medication on the authorization form match the name of the medication? Ex-if the authorization is for Epi-pen™, the medication must be brand name Epi-pen™. If the authorization is for epinephrine, the medication can be epinephrine or Epi-pen™		
3. Do the instructions on the authorization form clearly list dosage and times to be administered? If as-needed, did the parent identify when it is needed?		
4. Is route to administer filled out?		
5. Are effective dates of authorization filled in?		
6. Has the physician signed or stamped and dated the medication authorization?		
7. Did the parent sign and date the form?		
8. Does the prescription medication have an original label from a pharmacy?		
9. If OTC, is the medication (package and medication) labeled with the child's name, dosage amount and times to be given?		
10. Does the dosage amount on the authorization form match the dosage amount on the medication?		
11. Is the expiration date on the medication packaging current?		
12. Will the medication expire during the effective dates of the authorization? If the medication will expire during the effective dates of the authorization, did you set a reminder to request a new one from the parents 30 days prior to expiration?		
13. Did the physician check the box indicating the child has a Food Allergy and Anaphylaxis Care Plan? (If no, go to last question)		
14. Only one type of allergic reaction (Mild, Severe or Special Situation) is selected on the Food Allergy and Anaphylaxis Plan?		
15. Medications selected or written in for steps to take have been provided with proper medication authorizations?		
16. Parent and physician have both signed and dated the Food Allergy and Anaphylaxis Plan?		
17. If you answered yes to all questions, you are finished. If any of your answers were no, please correct or have the parents correct. Until you can answer yes on all questions, you are in non-compliance with Standards for Licensed child Day Center regulations.		

Date medication received _____ Staff signature verifying all information is complete _____