

MEDICATION ADMINISTRATION

Prescription medications and non prescription medications

All medications must be in the **original container**, labelled with the child's name and type of medicine.

All medications must be signed in on a **medication authorization form (provided by the RECE)** with the child's name, dosage, times, and parent signature. **All medicines will come with a dispensing tool**, for health and accuracy purposes.

All medications **must be put in either the locked cupboard** labelled "MEDS" or in the refrigerator in the container marked "MEDS". The children must not have access to any medication, directly or indirectly. *Tip: Remember to take home medication in the evenings!*

For non-prescribed medication:

If antipyretic medication or allergy medication is required for an on-going medical condition, it must be written on either a "medical action plan" form or "anaphylactic plan" form.

Antipyretic medication may be given with parent's permission when; following the guidelines on the original bottle and labelled with the child's name.

- To the infant/ toddler who is teething
- It is provided on a (temporary) daily basis for relief of pain, and/or to provide comfort.



Medication and Illness Information



Ill or Contagious Child:

When a child has a contagious disease, e.g. pink eye or thrush, they will be excluded from the program until they are no longer contagious.

Procedure:

1. The parent or emergency contact will be notified.
2. The contacted person must make arrangements to have the child picked up within the hour.
3. The child will be put into supervised isolation until the parent can take the child home. (Supervised isolation indicates a separate room away from the other children with a staff present at all times, if staffing ratios permit).



4. The child is able to return following the guidelines listed under “**A Guide to Common Infections**” provided by the Chatham-Kent Public Health Unit or when;

- Following a medical consultation
- No longer contagious
- Symptom free without the use of medication and not exhibiting any of the listed symptoms (*see below*)
- Is able to fully participate in the program.

The following are the symptoms for which a child would be sent home;

- **Elevated temperature of 101 F, flushing, pallor, listlessness**
- **Cough and cold which negatively impacts their active participation in the program.**
- **Vomiting or diarrhea (exclude until symptom free for 24 – 48 hrs.)**
- **Red or discharging eyes or ears**
- **Undiagnosed skin rashes or infections**

5. GTFRC will post the illness and date of confirmed case on the “Parent Health Board”. This notification will give a brief description of the transmission, signs and symptoms and infectious period of the illness.

Families are charged for the first booked day of illness and credited for any consecutive days thereafter. To receive the credit parents are requested to communicate the illness to child-care administration.

It is advisable to have backup for such emergencies. Note: The child is able to return if medical consultation reveals the child is not contagious.

