

ADMINISTRATION TOOLS AND MEDICATION LABEL REQUIREMENTS

Administration Tools

Administration tools, such as dosing spoons, oral medication syringes, pill crushers and medicine cups should be provided by the parent. All medication administration tools including pill crushers are child specific and cannot be shared with a different child. All tools must be labeled with the child's first and last name. The child care provider may keep an emergency supply of disposable, single use measuring devices on hand.

Over-the-Counter Medication Label Requirements

Over-the-counter medication **MUST** be in its original container with the package insert and be labeled with the child's first and last names.

Prescription Medication Label Requirements

Prescription medication should be in a child resistant container. It must have the original pharmacy label that includes the following items:

- Child's first and last names
- Authorized prescriber's name
- Pharmacy name and telephone number
- Date prescription was filled
- Name of the medication
- Route of administration
- Dosage of the medication
- How often to give the medication
- Date the medication is to discontinue OR length of time, the medication is to be given.

Sample Medication

Medication samples are not dispensed by a pharmacy and will not have a pharmacy label. Medication samples supplied by the child's health care provider **MUST** be appropriately labeled with the same information that is on a pharmacy label. Parents should be aware of this requirement so the child's health care provider can label the sample with the required information.

Routes certified to administer with a valid MAT Certificate

*Oral

*Inhaled

*Topical

*Medicated Patches

*Eye

*Ear

*Epinephrine via auto injector device (only when prescribed to a specific child for treatment of anaphylaxis)

Short-Term Medication Administration (ten days or less)

All permissions **MUST** be renewed or discontinued after ten work days.

Long-Term Medication administration (more than ten days)

All permissions **MUST** be updated at least every six months.

PERMISSION REQUIREMENTS SHORT-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a medication to any child in your care for **ten days or less**.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed*</i>
	Oral	Written	<i>None needed*</i>
	Inhaled/Nasal	Written	<i>None needed*</i>
	Patches	Written	<i>None needed*</i>
	Eye	Written	<i>None needed*</i>
	Ear	Written	<i>None needed*</i>
Prescription	Topical	Written	<i>None needed*</i>
	Oral	Written	<i>None needed*</i>
	Inhaled/Nasal	Written	<i>None needed*</i>
	Patches	Written	<i>None needed*</i>
	Eye	Written	<i>None needed*</i>
	Ear	Written	<i>None needed*</i>
	Nebulizer	Written	Written
	EpiPen® Injection	Written	Written

*The parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, written instructions from the child's health care provider are required.**

NOTE: All permissions must be renewed or discontinued after ten (10) work days.

PERMISSION REQUIREMENTS LONG-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for **more than ten (10) days**.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed*</i>
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
Prescription	Topical	Written	Written
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
	Nebulizer	Written	Written
EpiPen® Injection	Written	Written	

*For over-the-counter topical medication where instructions from the child's health care provider are not required, the parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, written instructions from the child's health care provider are required.**

NOTE: Long-term permissions must be updated at least every six months.