

## DOCUMENTATION GUIDELINES FOR MEDICATION CONSENT FORM

**\*\*\*\*\*Always remember to match the 5 rights: Right Child, Medication, Route, Dose, and Time!! \*\*\*\*\***

- All numbers 1-18 must be filled out before any medication is given, and parental permission must be signed on back.
- Program needs to complete sections 24-30.
- #1 Child's name must be written correctly
- #2 Date of Birth must be written correctly.
- Allergies must be listed (#3)
- #4: Name of medication must be listed, and match medication parent brings to program. In other words: if order says Tylenol, parent has to bring in "Tylenol" brand. If order is written for generic version, you may substitute brand name or use generic. ***(also strength must be written example: Tylenol 160mg/5ml Remember, medication should be in original box, or have pharmacy label attached!)***
- #5: Amount of medication must be written ***example: 5ml, or 1 tsp.***
- #6: Route of Administration must be written ***(make sure route matches type of medication ordered. If inhaler is ordered it should be dosage by puffs, if nebulizer is ordered, the route should be via nebulizer!!! (this mistake is made frequently!)***
- #7: Frequency ***must include time frame example: if you have an order for Tylenol it must give a time as every 4-6hrs prn( prn means as needed, it cannot just say q4h) May list reason in 7a for Tylenol, or 7b. If Tylenol is listed for fever, the temperature that child is to receive it for must also be listed!!***  
***If medication is ordered, it must be on site. If parent refuses to leave the medication, it should be documented in the Individual Special Needs Health Care Plan as to what the program's plan is to address this need. (example: If child is in distress, and medication is not at program, 911 will be called along with parent. The program should also have a letter stating their procedure for the lack of a child's medication if a parent refuses to leave it. The parent should sign off on it, and this should be kept with the medication form.***
- #8: Doctor either checks box or lists side effects.
- #9: self-explanatory.
- #10: Please make sure either box is checked, **OR** additional instructions written. For some reason, Doctors tend to miss this, and as instructions on top of form say, **Complete # 1-#18)**
- #11: Reason for medication
- #12: through 17 is self-explanatory
- #18 has to have a Doctor signature. They may have a stamp in addition, but a signature must be there. Electronic signatures are also accepted.

