

Children's Circle Montessori School

Medication Policy

Medicinal, Non-Medicinal, Diaper Cream & Sunscreen Policy

Children's Circle Montessori School will administer prescribed medication, (products with medicinal ingredients including homeopathic products with medicinal ingredients), in accordance with the Child Care Early Year Act (CCEYA) and with the consent of the child's parent/guardian. Medication will only be administered with written permission provided on the Request and Consent for the Administration forms.

Non-prescribed medication will not be administered to children. Prescribed medication must have a pharmacy label or be accompanied by a doctor's written prescription.

Medication must be in the original container as supplied by the pharmacist or packaging, clearly labeled with the child's name, type/name of medication, dosage, date of purchase and expiration, instructions for storage and instructions for administration. It is advisable to have medication dispensed in two containers so one may be left at the school, for example: antibiotics.

The designated Supervisor will be responsible for the medication in the school. In case of her/his absence, the designated Supervisor may delegate this responsibility to a lead classroom staff member.

Storage of Medication

Medication will be stored in accordance with the instructions for storage on the container and kept in a locked container, inaccessible to children. Medication requiring refrigeration must be kept in a locked container in the refrigerator.

Children that require Inhalation Aerosol (Inhalers) must provide the school with a chamber if it is required for administration of the medication to the child. It is kept in the child's classroom (easily accessible, but inaccessible to children). Inhalers must go wherever the child goes. For example: during outdoor play, the classroom's inhalers will be kept in the classroom's Emergency Bag that goes outside with the classroom.

Children that require Epinephrine Auto-Injectors must provide the school with two Epinephrine Auto-Injectors. One is kept in the office (easily accessible, but inaccessible to children), and the other is kept in the child's classroom (easily accessible, but inaccessible to children). The Epinephrine Auto-Injectors goes wherever the child goes. For example: during outdoor play, the classroom's Epinephrine Auto-Injector will be kept in the classroom's Emergency Bag that goes outside with the classroom.

Administration Procedures

The medication will be administered by the lead person in the classroom at the time of administration. Contact will be made with the parent/guardian under any exceptional circumstances; for example, the child refuses medication.

Where medication is administered, the person administering the medication will:

- Ensure there is written permission to administer the medication
- Check the Administration of Medication Log to ensure medication has not already been administered
- Ensure the correct child is receiving the medication
- Ensure the medication is correct, review the administration instructions and the expiry date
- Administer the medication as instructed
- Record that the medication has been administered on the Administration of Medication Log
- Replace the medication container in the secured location

Non Medicinal Products Policy & Procedures

Children's Circle Montessori School will administer non-medicinal products, (including homeopathic products with no medicinal ingredients), with written permission provided on the Request and Consent for the Administration of Oral/Topical Non-Medicinal Products. Non-medicinal products are not required to be prescribed by a doctor.

All non-medicinal products will be:

- labelled with the child's name
- inspected for an expiry date
- stored in the child's classroom, inaccessible to children
- brought to the school in its original container or in its original packaging
- administered as per the instructions on the Request and Consent for the Administration of Oral/Topical Non-Medicinal Products form

Diaper Cream Policy & Procedures

Parents/Guardians may provide the school with diaper creams to be used during diapering procedures. Diaper creams may or may not contain medicinal ingredients; it is a parent's/guardian's responsibility to determine which diaper cream is most appropriate for their child and provide it to the school. Diaper creams (with or without medicinal ingredients) are not required to be prescribed by a doctor. Diaper Creams will be administered with written permission provided on the Request and Consent for the Administration Diaper Cream.

All diaper creams will be:

- labelled with the child's name
- inspected for an expiry date
- stored in the child's classroom washroom cubbie, inaccessible to children
- brought to the school in its original container or in its original packaging
- administered as per the instructions on the Request and Consent for the Administration of Diaper Cream form

Sunscreen Policy & Procedures

Parents/Guardians may provide sunscreen so that it may be applied prior to going outdoors from May 1st through to September 30th, unless otherwise advised and/or otherwise directed. It may also be provided during the fall and winter months. Sunscreen must be applied on the child, hand over hand: The sunscreen is applied on the child's skin, the staff member uses the child's hand to rub the sunscreen into the exposed parts of the body.

It is a parent's/guardian's responsibility to determine which sunscreen is most appropriate for their child and provide it to the school. If sunscreen is not provided, the child will still be required to go outdoors. Sunscreen (with or without medicinal ingredients) are not required to be prescribed by a doctor. Sunscreen will be administered with written permission provided on the Request and Consent for the Administration of Sunscreen.

All sunscreens will be:

- labelled with the child's name
- inspected for an expiry date
- stored in the child's classroom, inaccessible to children
- brought to the school in its original container or in its original packaging
- administered as per the instructions on the Request and Consent for the Administration of Sunscreen form

Children’s Circle Montessori School

Request and Consent for the Administration of Oral/Topical Medication*

**Products, including homeopathic products, which contain medicinal ingredients, not including diaper cream and/or sunscreen*

Child’s Name:	Date of Birth:
Medication’s Name:	
Oral Administration Dosage:	
Topical Administration Dosage: Body Part(s): _____ <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Spread Thick Layer <input type="checkbox"/> Spread Thin Layer </div>	
Time of Administration: _____ a.m. _____ a.m./p.m. _____ p.m. OR <input type="checkbox"/> As Needed**	
Symptoms: _____	
Maximum # of Dosages:	Expiry Date:
Start Date:	End Date:

**I understand that if medication needs to be administered “as needed”, the administration of the medication is at the discretion of the staff members caring for my child.

This medication is for a: (please check one)

- chronic condition;** it may be administered on an **on-going basis**
- short-term condition;** it may be administered for a **limited period of time**

Note: The medication must be brought to the school in its original container or in its original packaging. The label must read the student’s name, the type/name of the medication and the dosage. (Ideally, the prescription is provided in two containers by the pharmacist). “Over the counter” medication may be accompanied by a written prescription if not provided by the pharmacy.

I request and consent the administration of medication at Children’s Circle Montessori School or on a school field trip as directed.

Parent’s/Guardian’s Signature Date

School’s Approval for Implementation of Administration of Oral/Topical Medication

The administration of medication implemented as described above.

Emergency Plan Required

Designated Supervisor’s Signature Date

Children's Circle Montessori School

Request and Consent for the Administration of Inhalation Aerosol (Inhalers)

Child's Name:	Date of Birth:
Inhalation Aerosol Medication's Name #1:	
Oral Administration Dosage (Number of Puffs):	
Time of Administration: _____ a.m. _____ a.m./p.m. _____ p.m. OR <input type="checkbox"/> As Needed**	
Symptoms: <input type="checkbox"/> Short of Breath <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Other: _____	
Maximum # of Dosages:	Expiry Date:
Chamber Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	
Start Date:	End Date:
Inhalation Aerosol Medication's Name #2:	
Oral Administration Dosage (Number of Puffs):	
Time of Administration: _____ a.m. _____ a.m./p.m. _____ p.m. OR <input type="checkbox"/> As Needed**	
Symptoms: <input type="checkbox"/> Short of Breath <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Other: _____	
Maximum # of Dosages:	Expiry Date:
Chamber Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	
Start Date:	End Date:

**I understand that if medication needs to be administered "as needed", the administration of the medication is at the discretion of the staff members caring for my child.

This medication is for a: (please check one)

- chronic condition**; it may be administered on an **on-going basis**
- short-term condition**; it may be administered for a **limited period of time**

Note: The medication must be brought to the school in its original container or in its original packaging. The label must read the student's name, the type/name of the medication and the dosage.

I request and consent the administration of medication at Children's Circle Montessori School or on a school field trip as directed.

_____ Date

Parent's/Guardian's Signature

School's Approval for Implementation of Administration of Inhalation Aerosol

The administration of medication implemented as described above.

Emergency Plan Required

_____ Date

Designated Supervisor's Signature

Children’s Circle Montessori School

Request and Consent for the Administration of Epinephrine Auto-Injector

Child’s Name:	Date of Birth:
Epinephrine Auto-Injector’s Name #1:	
Expiry Date #1:	
Epinephrine Auto-Injector’s Name #2:	
Expiry Date #2:	
Maximum # of Dosages: 2 Auto-Injectors Required	
Time of Administration: <input checked="" type="checkbox"/> As Needed*	
Symptoms:	
<input type="checkbox"/> Swelling of Throat/Mouth <input type="checkbox"/> Difficulty Swallowing/Breathing/Speaking	
<input type="checkbox"/> Hives/Rash <input type="checkbox"/> Abdominal Pain, Nausea/Vomiting <input type="checkbox"/> Sudden Feeling of Weakness	
<input type="checkbox"/> Collapse/Unconsciousness <input type="checkbox"/> Severe Asthma Attack	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> All symptoms may be possible	

*I understand that if medication needs to be administered “as needed”, the administration of the medication is at the discretion of the staff members caring for my child.

Note: The prescribed medication must be brought to the school in its original container or in its original packaging. The pharmacy label must read the student’s name, the type/name of the medication and the dosage.

I request and consent the administration of epinephrine auto-injectors at Children’s Circle Montessori School or on a school field trip as directed.

Parent’s/Guardian’s Signature

Date

School’s Approval for Implementation of Administration of Epinephrine Auto-Injector

The administration of medication implemented as described above.

Emergency Plan Required

Designated Supervisor’s Signature

Date

Children's Circle Montessori School

Request and Consent for the Administration of Oral/Topical Non-Medicinal Products*

*Products, including homeopathic products, which contain no medicinal ingredients, not including diaper cream and/or sunscreen

Child's Name:	Date of Birth:
Non-Medicinal Product's Name:	
Oral Administration Dosage:	
Topical Administration Dosage: Body Part(s): _____ <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Spread Thick Layer <input type="checkbox"/> Spread Thin Layer </div>	
Time of Administration: _____ a.m. _____ a.m./p.m. _____ p.m. OR <input type="checkbox"/> As Needed**	
Symptoms: _____	
Maximum # of Dosages:	Expiry Date:
Start Date:	End Date:

**I understand that if this product needs to be administered "as needed", the administration of the product is at the discretion of the staff members caring for my child.

This non-medicinal product is for a: (please check one)

- chronic condition**; it may be administered on an **on-going basis**
- short-term condition**; it may be administered for a **limited period of time**

Note: The non-medicinal product must be brought to the school in its original container or in its original packaging.

I request and consent the administration of this non-medicinal product at Children's Circle Montessori School or on a school field trip as directed.

Parent's/Guardian's Signature

Date

School's Approval for Implementation of Administration of Oral/Topical Non-Medicinal Products

The administration of medication implemented as described above.

Designated Supervisor's Signature

Date

Children's Circle Montessori School

Request and Consent for the Administration of Diaper Cream*

***Diaper Cream may or may not contain medicinal ingredients**

Child's Name:	Date of Birth:
Diaper Cream's Name:	Expiry Date:
Topical Administration: <input type="checkbox"/> Spread Thick Layer <input type="checkbox"/> Spread Thin Layer	
Time of Administration: <input type="checkbox"/> Every time the child's diaper is changed <input type="checkbox"/> Only when the child has a rash	

Amendment Date:	Parent's/Guardian's Initials:
Diaper Cream's Name:	Expiry Date:
Topical Administration: <input type="checkbox"/> Spread Thick Layer <input type="checkbox"/> Spread Thin Layer	
Time of Administration: <input type="checkbox"/> Every time the child's diaper is changed <input type="checkbox"/> Only when the child has a rash	

Amendment Date:	Parent's/Guardian's Initials:
Diaper Cream's Name:	Expiry Date:
Topical Administration: <input type="checkbox"/> Spread Thick Layer <input type="checkbox"/> Spread Thin Layer	
Time of Administration: <input type="checkbox"/> Every time the child's diaper is changed <input type="checkbox"/> Only when the child has a rash	

Note: Diaper Cream must be brought to the school in its original container or in its original packaging.

I request and consent the administration of diaper cream at Children's Circle Montessori School or on a school field trip as directed.

_____ _____
Parent's/Guardian's Signature Date

School's Approval for Implementation of Administration of Diaper Cream

The administration of diaper cream implemented as described above.

_____ _____
Designated Supervisor's Signature Date

Children's Circle Montessori School
Request and Consent for the Administration of Sunscreen*

***Sunscreen may or may not contain medicinal ingredients**

Child's Name:	Date of Birth:
Sunscreen's Name:	Expiry Date:
Will sunscreen be applied at home prior to arriving at school? <div style="text-align: center;"><input type="checkbox"/> Yes or <input type="checkbox"/> No</div>	
Application Schedule: <input type="checkbox"/> Apply before a.m. & p.m. outdoor time <input type="checkbox"/> Apply only before p.m. outdoor time	

Amendment Date:	Parent's/Guardian's Initials:
Sunscreen's Name:	Expiry Date:
Will sunscreen be applied at home prior to arriving at school? <div style="text-align: center;"><input type="checkbox"/> Yes or <input type="checkbox"/> No</div>	
Application Schedule: <input type="checkbox"/> Apply before a.m. & p.m. outdoor time <input type="checkbox"/> Apply only before p.m. outdoor time	

Note:

- Sunscreen must be brought to the school in its original container or in its original packaging.
- Sunscreen will be applied from May 1st through to September 30th unless otherwise advised and/or otherwise directed

I request and consent the administration of sunscreen at Children's Circle Montessori School or on a school field trip as directed.

Parent's/Guardian's Signature Date

School's Approval for Implementation of Administration of Sunscreen

The administration of sunscreen implemented as described above.

Designated Supervisor's Signature Date

Children's Circle Montessori School

Administration of Medication Log

Child's Name:			Date of Birth:		
Medication:			Classroom:		
Date	Dosage	Time	Staff's Name	Staff's Initials	Medication Stored (√)
Notes:					