

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:

- labeled 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:

- labeled 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:

- labeled 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

Cleaning Medical Devices

Inhaler Container

1. Clean the inhaler container once per week
2. Wash your hands
3. Remove the medicine from the container, keep medicine away from water
4. Remove the cap from the container
5. Run warm water through one end of the container for 30 seconds
6. Run warm water through the other end of the container for 30 seconds
7. Loosen any dry medicine with a toothpick and rinse again
8. Place the container standing up on a clean, dry paper towel
9. Allow to air dry

Inhaler Spacer and Mouthpiece or Facemask (i.e. AeroChamber)

If the device packaging offers manufacturer's instructions, those will be used in place or in conjunction with these instructions.

1. Clean the inhaler spacer and mouthpiece or facemask once a week
2. Wash your hands
3. Twist apart or pull apart all the pieces of the spacer and mouthpiece or spacer and facemask
4. Soak all the parts for 15 minutes in slightly soapy water
5. Rinse all the parts
6. Shake off all excess water
7. Place the parts standing up on a clean, dry paper towel
8. Allow to air dry

Thermometers

If the device packaging offers manufacturer's instructions, those will be used in place or in conjunction with these instructions.

1. After taking the child's temperature, wash your hands
2. Use a single-use alcohol wipe to clean the thermometer
3. Discard the single-use alcohol wipe
4. Store the thermometer

Medicine Administration Cups/Syringes/Droppers

If the device packaging offers manufacturer's instructions, those will be used in place or in conjunction with these instructions.

1. After administering medication, wash your hands
2. Soak all the parts for 15 minutes in slightly soapy water
3. Slide syringe up and down to clean inside
4. Pump dropper with water to clean inside
5. Rinse all the parts
6. Shake off all excess water
7. Place the parts on a clean, dry paper towel
8. Allow to air dry

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"/> When any and/or all symptoms are present*	
Symptoms: _____	
Start Date:	End Date:
Expiry Date:	

*I understand that if medication needs to be administered when any and/or all symptoms are present, the administration of the medication is on the discretion of the staff members caring for my child.

This medication is for a: (please check \surd 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 Epinephrine Auto-Injector

Child's Name:	Date of Birth:
<u>2 Epinephrine Auto-Injectors Required</u>	
Epinephrine Auto-Injector #1:	
Expiry Date #1:	
Epinephrine Auto-Injector #2:	
Expiry Date #2:	
Time of Administration: When any and/or all symptoms are present.*	
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 when any and/or all symptoms are present, the administration of the medication is on 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.

Designated Supervisor's Signature

Date

X Emergency Plan Required

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"/> When any and/or all symptoms are present*	
Symptoms: <input type="checkbox"/> Short of Breath <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Other: _____			
Chamber Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____			
Start Date:	End Date:	Expiry Date:	
Inhalation Aerosol Medication's Name #2:			
Oral Administration Dosage (Number of Puffs):			
Time of Administration: _____ a.m. _____ a.m./p.m. _____ p.m.		<input type="checkbox"/> When any and/or all symptoms are present*	
OR			
Symptoms: <input type="checkbox"/> Short of Breath <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Other: _____			
Chamber Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____			
Start Date:	End Date:	Expiry Date:	

*I understand that if medication needs to be administered when any and/or all symptoms are present, the administration of the medication is on 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.

Parent's/Guardian's Signature

Date

School's Approval for Implementation of Administration of Inhalation Aerosol

The administration of medication implemented as described above.

Emergency Plan Required

Designated Supervisor's Signature

Date

Children's Circle Montessori School

Request/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;"><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"/> When any and/or all symptoms are present*		
Symptoms: _____		
Start Date:	End Date:	Expiry Date:

*I understand that if medication needs to be administered when any and/or all symptoms are present, the administration of the medication is on 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 Sunscreen

*Sunscreen may or may not contain medicinal ingredients.

Child's Name:	Date of Birth:
Sunscreen:	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:	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.

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

