# **[CHILDCARE CENTER NAME]**

### **Medication Administration Checklist**

**Date:** **\_\_\_**\_\_\_\_  
**Classroom/Age Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Staff Member Administering Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Child’s Information**

| **Field** | **Details** |
| --- | --- |
| **Child’s Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Age/Grade:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent/Guardian:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **Medication Details**

| **Field** | **Details** |
| --- | --- |
| **Medication Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dosage:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Form:** | □ Liquid □ Tablet □ Capsule □ Other: \_\_\_\_\_\_\_ |
| **Route of Administration:** | □ Oral □ Topical □ Inhaled □ Other: \_\_\_\_\_\_\_ |

## **Administration Log**

| **Time Administered** | **Medication Name** | **Dosage** | **Administering Staff Signature** | **Parent/Guardian Signature** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## **Instructions for Administration**

1. **Verification:**
   * Confirm the child’s identity using their full name and date of birth.
   * Verify the medication order from the parent/guardian or authorized prescriber.
2. **Preparation:**
   * Wash hands thoroughly before handling medication.
   * Prepare the correct dosage as prescribed.
   * Ensure the medication is within its expiration date.
3. **Administration:**
   * Administer the medication according to the specified route (oral, topical, etc.).
   * Observe the child for any immediate adverse reactions.
4. **Documentation:**
   * Complete the Medication Administration Checklist immediately after administering the medication.
   * Obtain the administering staff’s signature.
   * Ensure the parent/guardian signs to acknowledge receipt of the medication.
5. **Storage:**
   * Store all medications in a secure, locked area inaccessible to children.
   * Follow specific storage instructions provided with each medication (e.g., refrigeration).
6. **Communication:**
   * Inform the parent/guardian of any concerns or adverse reactions observed.
   * Update any changes in medication orders promptly.

## **Emergency Procedures**

In the event of an adverse reaction or overdose, follow these steps immediately:

1. **Stay Calm:** Keep the child calm and comfortable.
2. **Assess the Situation:** Identify the symptoms and severity of the reaction.
3. **Call Emergency Services:** Dial **911** or your local emergency number.
4. **Inform a Supervisor:** Notify the center director or designated emergency contact.
5. **Provide Necessary Information:**
   * Child’s name and age
   * Medication name, dosage, and time administered
   * Description of symptoms
6. **Follow Emergency Protocols:** Administer any prescribed emergency medication (e.g., EpiPen) if trained to do so.

## **Notes/Observations**

**Signatures**

| **Staff Member Administering Medication** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_** |
| --- | --- | --- |
| **Parent/Guardian Acknowledgment** | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** **\_\_**\_\_\_\_ |

## **Additional Instructions**

* **Medication Requests:** All medication requests must be submitted in writing by the parent/guardian, including dosage instructions and administration times.
* **Review Policies:** Regularly review your center’s medication administration policies and update them as needed to comply with state regulations.
* **Training:** Ensure all staff members are trained in safe medication administration practices and emergency response procedures.

## **Customization Tips**

* **Add Your Logo:** Incorporate your childcare center’s logo at the top of the checklist for a professional appearance.
* **Digital Version:** Consider creating a digital form using spreadsheet software or childcare management apps for easier tracking and record-keeping.
* **Additional Fields:** Add fields for prescriber information, medication allergies, or specific administration instructions as needed.
* **Color Coding:** Use color codes to differentiate between types of medications (e.g., red for emergency medications).

**Note:** This **Medication Administration Checklist** is a tool to help ensure the safe and accurate administration of medications within your childcare facility. Always adhere to your local regulations and licensing requirements, and consult with a healthcare professional when necessary

**Example of a Completed Medication Administration Checklist**

# **Sunshine Childcare Center**

### **Medication Administration Checklist**

**Date:** 04/27/2024  
**Classroom/Age Group:** Preschool (3-4 years)  
**Staff Member Administering Medication:** Ms. Emily Thompson

## **Child’s Information**

| **Field** | **Details** |
| --- | --- |
| **Child’s Name:** | Liam Smith |
| **Age/Grade:** | 4 years old, Preschool |
| **Parent/Guardian:** | Sarah Smith |

## **Medication Details**

| **Field** | **Details** |
| --- | --- |
| **Medication Name:** | Acetaminophen |
| **Dosage:** | 5 mL |
| **Form:** | □ Liquid ☑ Tablet □ Capsule □ Other: \_\_\_\_\_\_\_ |
| **Route of Administration:** | ☑ Oral □ Topical □ Inhaled □ Other: \_\_\_\_\_\_\_ |

## **Administration Log**

| **Time Administered** | **Medication Name** | **Dosage** | **Administering Staff Signature** | **Parent/Guardian Signature** |
| --- | --- | --- | --- | --- |
| 10:00 AM | Acetaminophen | 5 mL | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## **Notes/Observations**

Liam had a headache and was fussy earlier in the morning. After administration, he became calmer and was able to participate in activities without discomfort.

## 

## **Signatures**

| **Staff Member Administering Medication** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: 04/27/2024** |
| --- | --- | --- |
| **Parent/Guardian Acknowledgment** | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** 04/27/2024 |

# **Customization Tips**

* **Add Your Logo:** Incorporate your childcare center’s logo at the top of the checklist for a professional appearance.
* **Digital Integration:** Utilize digital tools like Google Forms or specialized childcare management software for easier data entry and storage.
* **Additional Fields:** Include prescriber information, medication allergies, or specific administration instructions as needed.
* **Color Coding:** Use different colors to differentiate between types of medications (e.g., red for emergency medications).

This **Medication Administration Checklist** is designed to help your childcare facility maintain accurate records and ensure the safe administration of medications. Regular use of this checklist fosters accountability, compliance with regulations, and clear communication with parents and guardians.