

Immanuel Lutheran Preschool

110 Hoener Avenue
Waterloo, IL 62298

Medication Policy:

Because the administration of medication requires extra staff time and safety considerations, parents should check with their health care provider to see if a dosage schedule can be arranged that does not involve the hours the child is in school or childcare setting.

Only a director may administer medications. In order for the director to administer medications to a child, the parent/guardian must first provide written authorization on the consent page of the registration form. In addition, a Medication Release Form must be completed and signed for each medication to be administered.

Prescription medications and over-the-counter medications shall be clearly labeled with the child's first and last name. The name of the medication and the directions for use and storage must be clearly labeled. All prescription medications shall have the full pharmacy label.

All medications, along with the Medication Release Form must be handed to the student's teacher or the director. No medication shall be left in a child's backpack. A teacher will contact the director to take possession of the medication for proper storage, distribution, documentation, and safety.

The preschool director shall maintain a record of the dates, times administered, including dosages, prescription number and name of medication and name of child. All medications shall be in a locked cabinet or container that is inaccessible to children and away from where food is prepared or stored. All medications will be stored at the proper temperature.

Medications shall not be used beyond the date of expiration. When a child no longer needs to receive the medication, the unused portion or empty bottle will be returned to the parent.

I have read, agreed with, and will abide by the above terms and conditions regarding Immanuel Lutheran Preschool's Medication Policy.

I give permission to my childcare provider, __Immanuel Lutheran Church and School __, to administer medication designated by parent/guardian to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.

Date_____

Signature of parent/guardian

Relationship to Child

Date_____

Signature of parent/guardian

Relationship to Child

Medication Release Form

Child's Name _____

Date _____

I give permission to my childcare provider, **Immanuel Lutheran Church and School**, to administer the following medication to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.

Parent/Guardian Signature _____

Name of Medication _____

The name of the medication and the directions for use and storage must be clearly labeled. All prescription medications shall have the full pharmacy label, including prescription number.

Reason for Medication _____

Start Date _____ Finish Date _____

Times of each dosage: _____ am/pm
_____ am/pm
_____ am/pm

Amount per dose:

☐ _____

Storage:

☐ Room Temperature

☐ Store in Refrigerator

Dosage Log (Office Use Only)

	Date	Time	Dose	Signature	Comments
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____

Date medication was returned to parent/guardian: _____

I acknowledge that the medication package was returned to me on the above date.

Signature of parent/guardian: _____

Signature of director: _____

☐ Dosage Complete

☐ Medication Empty

☐ Medication Expired