



## MEDICATION GUIDELINES AND POLICIES

1. Prescription and non-prescription (over-the-counter) medications for eyes or ears, all oral medications, topical medications, inhaled medications, and certain emergency injections can be administered only with the written order of a person with prescriptive authority [this includes physicians (MD and DO), Podiatrists (DPM), Dentists (DDS or DMD), Advanced Practice Nurse, Nurse Practitioner or Clinical Nurse Specialist, or Physician Assistant who has direction of a physician or written protocol] and with written parental consent. Centers may administer medications for chronic health conditions or emergency situations. **Medication Permission Forms** (available from Lil' Friends) must be completed with the appropriate written authorization including parental and physician signatures.
2. The written order by the prescribing practitioner must include:
  - Child's name
  - Licensed prescribing practitioner name, telephone number, and signature
  - Date authorized
  - Name of medication and dosage
  - Time of day medication is to be given
  - Route of medication (method of administration)
  - Length of time the medication is to be given
  - Reason for medication (unless this information needs to remain confidential)
  - Side effects or reactions to watch for
  - Special instructions
3. Medications must be kept in the original labeled bottle or container. Prescription medications must contain the original pharmacy label that lists:
  - Child's name
  - Prescribing practitioner's name
  - Pharmacy name and telephone number
  - Expiration date
  - Name of drug
  - Dosage and instructions
4. A written authorization form must also be completed for any topical medications including sunscreen, petroleum jelly, diaper rash ointments, bug sprays, and other ointments. These preparations may not be applied to open wounds, or broken skin unless there is a written order by the prescribing practitioner. If parents wish a particular product or brand be used and Lil' Friends does not keep it on hand, please provide your own product and clearly label the child's first and last name.
5. Over-the-counter medications must be in their original container and labeled with the child's first and last name. If you wish your child to be able to have medications such as Tylenol, Sudafed, Aspirin, etc. you must provide these with your child's names and specific instructions. We do not provide these medications.
6. If medication needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized on an annual basis. Any changes in the original medication authorization require a new written order by the prescribing practitioner and a change in the prescription label. Verbal orders taken from the licensed prescriber may be accepted only by a licensed registered nurse.



7. If you need to adjust your child's medication schedule, please call AT LEAST 24 HOURS IN ADVANCE DURING OFFICE HOURS, to arrange changes with the Director. This schedule serves as an agreement between Lil' Friends and the family for when all medications are to be given. When you bring your child, please turn in new medications and take all obsolete ones as well as giving us the new written order from the doctor.
8. Tube feeding, formula, and/or bottle feeding schedules can be changed without physician signature, but changes must still be made at least 24 HOURS IN ADVANCE.
9. For medications that require splitting pills in half, parents must pre-split all pills before delivering to Lil' Friends.
10. Whenever you drop off medications for the first time or there are changes in medications, please plan to spend 10-15 minutes when you drop them off to go over the meds and schedule with staff.
11. **IF ANY OF THE INFORMATION PROVIDED ON MEDICATIONS, OR SCHEDULES AND DOSES DO NOT MATCH OUR WRITTEN AUTHORIZATION FROM THE PHYSICIAN, OUR STAFF CANNOT GIVE THE MEDICATION.**

Lil' Friends will have at least one trained staff member to administer medications on duty at all times who has completed the 4-hour required training as well as the CPR-First Aid and Universal Precautions training. All medication administered will be carefully documented and verified periodically by our RN consultant. Parents may also request to verify medication records for their child.

Medications MUST be handed directly to a staff member to count, log in, and for proper storage. Please do not send medications with your child to give them to us. We will notify parents when we are running low on any of your child's medications. If for any reason there are extra doses or parents need medications returned, the parent must pick them up directly from the staff member who will log them out. Expired medications will also be returned to parents. If parents do not pick up medications, staff will dispose of medications safely and log the disposal date and reason.

Lil' Friends will keep a written medication log for each child. This log is part of the child's records. The log will contain the following:

- Child's name
- Name of the medication, dosage, and route
- Time medication is to be given
- Special instructions
- Name and initials of the individuals giving the medication
- Notation if the medication was not given and the reason

ALL medications will be locked in a place inaccessible to children at all times.

Children who self-carry medications such as inhalers and Epipens must be reported to staff and together parents and staff will make sure that we are following all appropriate guidelines in the best interest of your child.

Parents and physicians may be required to complete additional care plans for severe allergies / anaphylaxis, seizure disorders, feeding tubes, diabetes, and other conditions that require specialized care. These forms and plans will be completed and discussed with our RN consultant.

Lil' Friends works with a Child Care Health Consultant/RN to check our medication records, develop care plans, complete appropriate training, and medication delegation. If you have any questions or concerns about our training on specific conditions or medication administration, please request to speak with our RN.



## PERMISSION TO GIVE MEDICATIONS

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I/we ask that Lil' Friends, LLC give the following medications to my child according to the instructions and prescriptions provided by my child's physician with prescription authority.

Lil' Friends agrees to administer medications prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification.

The parent has read and agrees with all information provided on the MEDICATION GUIDELINES AND POLICIES form provided by Lil' Friends.

**Prescription Medications:** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be discontinued, and licensed health care provider's name as well as pharmacy name and phone number.

**Over the Counter Medications:** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medication must be in original packaging.

I/we give permission to Lil' Friends, LLC to administer medication according to the above written instructions.

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Contact Phone(s)

***Please provide at least 3 recent wallet-sized photos of your child (school pictures are perfect) – these will be attached to staff medication logs and care plans.***

***Please ask the pharmacist for a separate medicine bottle to keep at Lil' Friends. Thank You!***

**Thank you very much for following these guidelines in order to help Lil' Friends staff with giving children's medications properly. If you have any questions, please contact the Director at 303-358-9341 to schedule a meeting to discuss your child's medications.**



**This section to be completed by health care provider with authority to write prescriptions. Deliver to Lil' Friends or Email to [shelly@lilfriends.org](mailto:shelly@lilfriends.org).**

**Child's Name** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Medication MUST come in the original container and the label must match the instructions below:**

| <b>MEDICATION / START AND END DATES</b><br>(name of Med) | <b>DOSAGE</b><br>(mg, tsp, ml, etc.) | <b>DESCRIPTION</b><br>(color, shape, liquid, etc.) | <b>ROUTE</b><br>(oral, drops, etc.) | <b>TIME(S)</b><br>(when to be given) | <b>PURPOSE OF MEDICATION</b> | <b>SPECIAL INSTRUCTIONS</b><br>(end date, via feeding tube, in food, etc.) | <b>SIDE EFFECTS TO REPORT</b> |
|--|--------------------------------------|--|-------------------------------------|--------------------------------------|------------------------------|--|-------------------------------|
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**\*Attach multiple sheets if needed – each must be signed by all parties.**

**Other special instructions:**

**I give permission to Lil' Friends, LLC to administer medication according to the above written instructions.**

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's License #

\_\_\_\_\_  
Physician's Contact Information