

## Classroom Safety Checklist Medication Administration

|       |             |                    |            |
|-------|-------------|--------------------|------------|
| Name: | Birth Date: | School/Child Care: | Classroom: |
|-------|-------------|--------------------|------------|

| <b>Before School/Program Accepts Medication</b>  |       | <b>Before Medication is Stored in School Program</b>  |       | <b>At End of Medication Order</b>   |       |
|--|-------|---|-------|---|-------|
| Medication label and medication orders match for:<br><input type="checkbox"/> Child<br><input type="checkbox"/> Birth Date<br><input type="checkbox"/> Medication<br><input type="checkbox"/> Dosage<br><input type="checkbox"/> Time<br><input type="checkbox"/> Route<br><br><input type="checkbox"/> Parent signature and date within past year<br><br><input type="checkbox"/> Health Care Provider signature and date within past year<br><br><input type="checkbox"/> Expiration date of medication current<br><br><input type="checkbox"/> Medication amount documented |       | <input type="checkbox"/> Medication order or health plan communicated to CCHC or School Nurse<br><br><input type="checkbox"/> CCHC or School Nurse authorized medication order/individualized health plan<br><br><input type="checkbox"/> Medication administration log completed for each medication<br><br><input type="checkbox"/> Copy of completed individualized health plan and log is placed with emergency medications<br><br><input type="checkbox"/> Child Care/School staff with need to know have been informed<br><br><input type="checkbox"/> Medication secured in designated place |       | <input type="checkbox"/> Parent notified to pick up medication<br><br><input type="checkbox"/> Return to parent noted and dated on medication administration log, including parent signature<br><br><input type="checkbox"/> Disposal noted on medication administration log<br><br><input type="checkbox"/> Medication order and administration log stored in child's record<br><br><input type="checkbox"/> Extra copies of documents destroyed |       |
| Staff Signature:   | Date: | Staff Signature:  | Date: | Staff Signature:  | Date: |
| Delegated RN/MD Signature:   | Date: | Delegated RN/MD Signature:  | Date: | Delegated RN/MD Signature:  | Date: |