

Checklist for Accepting Medications

Child's Name:	Date:
Medications:	

Section A. Medication Intake

1. Compare the prescription label with the doctor's authorization form or health plan using the five rights. <input type="checkbox"/>	
2. Ensure there is an official health care plan for severe allergies, asthma, seizures, or diabetes. <input type="checkbox"/>	
3. Confirm that the parent's and doctor's signatures are dated within the past 12 months. <input type="checkbox"/>	
4. Check the expiration date on the medication bottle, inhaler, or epinephrine device. <input type="checkbox"/>	
5. Open the albuterol inhaler box, check dose counter for at least 20 doses, and confirm that a spacer is included. <input type="checkbox"/>	
6. Open the epinephrine auto-injector box and confirm that the correct number of devices are included. <input type="checkbox"/>	
7. Document the number of controlled medication pills and have the parent sign the medications in and out. <input type="checkbox"/>	
Section A Completed By (Staff Signature):	Date:

Section B. Medication Storage

1. Create a medication administration log for each medication. <input type="checkbox"/>	
2. Make a copy of the emergency medication health plan to keep with the medication. <input type="checkbox"/>	
3. Keep emergency medications readily available at school and on field trips. <input type="checkbox"/>	
4. Inform staff that a child in their care has emergency medication and review health care plan. <input type="checkbox"/>	
5. Keep nonemergency medications and controlled medications locked up. <input type="checkbox"/>	
Section B Completed By (Staff Signature):	Date:

Section C. Medication Closeout

1. Notify the parent to pick up the medication and allow one to two weeks for pickup. <input type="checkbox"/>	
2. Have a parent sign the controlled medication log to confirm that their medications were picked up. <input type="checkbox"/>	
3. If you dispose of the medication, document it and have an adult witness co-sign the medication form. <input type="checkbox"/>	
4. Store all medication forms in the child's record for at least three years. <input type="checkbox"/>	
Section C Completed By (Staff Signature):	Date: