



Community Activities Group of Old Ottawa East
Making Old Ottawa East an even better place to live, work, and play!

Medication Policy and Medical Administration Form

2022-23

Medication Policy

Parents of children who require medication during the afterschool timeframe (2:30 p.m. – 5:30 p.m. daily) must fill out a **Medication Administration Request Form**. All prescription and non-prescription medication should be given to the Program Supervisor in original packaging. Clearly labeled with: the child's name, the name of the drug, the dosage, the date of purchase, and instructions for storage and administration of the drug.

All medication must be stored in a locked container in the fridge or cupboard and be always inaccessible to children except for asthma or emergency allergy medication.

CAG keeps a record of all medication administered by staff including time of day and the staff who dispensed the medication.

If a child is receiving medication at home only, it is the parents' responsibility to inform the staff, and ensure that CAG staff are fully informed of any side effects or special instructions that may be associated with the medication.

Emergency Medication

If a child requires an EpiPen or similar device, parents must provide two (2) to CAG. CAG will ensure that one (1) is carried at all times in the staff First Aid Kit that accompanies the staff supervising the child and the other one is on site in the CAG office for the duration of the school year. An Epi-Pen that a child usually carries and arrives with at the program cannot be counted as one of the two (2) provided. Parents also must fill out CAG's **Life-Threatening Allergy Alert Form** under CAG's **Life-Threatening Allergies Policy**.

If your child requires emergency medication (i.e. inhaler, insulin, sugar, diabetic candy, EpiPen, etc.) medication will be stored in the First Aid Kit that accompanies staff supervising the child. All medication will be properly labelled with the child's information and instructions on how to administer the medication in the event of an emergency.



Medication Administration Request Form

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To be Completed by the Participant or Parent/Legal Guardian of the Participant

Participant's Name: Participant / parent / guardian signature:	Participant's Date of Birth ____ / ____ / ____ MM DD YYYY	Participant address: 	Participant Emergency Contact (Name): Emergency Number:
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Name of Medication as it Appears on the Label	P = Prescription NP = Non-Prescription	Medication Expiry Date	Treatment end date	Possible Side Effects (if any)	Administration Schedule (time to be given)	Dosage & Route	Storage Instructions

Please indicate special instructions for taking medication (i.e. with meals, drink plenty of water).

Terms and Conditions for Community Activities Group of Ottawa East (CAG) staff to administer, supervise the administration or store participant medication

PLEASE READ CAREFULLY

1. I agree to provide CAG staff with:
 - All non-prescription medication must be provided in its original container, dated and labeled with the participant's name, and a completed and signed **Medical Administration Form**. CAG requires a physician's written order before agreeing to administer, store or supervise the administration of non-prescription medication/ alternative medicine.
 - All prescription medication must be provided in the original container as dated, labeled, and supplied by the pharmacist as well as a completed and signed **Medical Administration Form**. The label will contain the participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration, and instructions for storage.
 - Two current photographs if there is a requirement to administer emergency medication, i.e., EpiPen®. I understand that the photograph will be affixed to a completed and **signed Life Threatening Allergy Alert Form** and will be publicly displayed. The photographs will be a clear, in-focus, headshot.
2. I agree that CAG staff may refuse to administer, supervise the administration, or store medication where the labels on the medication container(s) do not contain all the information specified above.
3. I understand that not all CAG staff participating in medication administration are trained health professionals and that the administration of medication is being provided by or, on behalf of CAG, on a purely voluntary and gratuitous basis. As the participant or Parent/Legal guardian of the Participant/Client receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

I confirm that I have read and understood and completed this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having CAG administer medication under the provisions of this agreement to the named participant.

I authorize CAG to (Please check the appropriate box):

- Supervise the named participant in the administration of his/her own medication.
- Administer medication to the named participant.

Name of Participant or Parent/Guardian (if the participant is under the age of 18)

Signature of Participant or Parent/Guardian (if the participant is under the age of 18)

Date: _____ / _____ / _____
MM DD YYYY