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**MEDICATION RELEASE, INCIDENTAL MEDICAL SERVICES AND CHART**

**Child’s Full Name** Last First Middle

**Name of Center**

**Address of Center**

 **City Zip Code**

**Telephone Number** ( )

Parent’s Instruction for Incidental Services:

Children receiving Incidental Medical Services/Medicine from a staff member at the center must have:

1. Original prescription bottle with drug name, date, child’s name, prescribing physician’s name, dosage, times and dates to be given.
2. This form completed by the parent and physician for any incidental medical service, prescription medication and over-the-counter medication prescribed by a physician
3. Type of Incidental Services to be provided along with written instructions from the physician

Physician’s Release (required for any incidental medical Service or medication to be given)

Diagnosis Medication Dosage

Incidental Medical Service­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times to be given Dates to be given

Date Signature, MD

Staff and Parent will discuss before any incidental medical service are provided the following:

* If relevant how specific medical equipment will be provided, stored and available to staff:

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* The training requirements for the services, including, how to administer medication/service:
* How to administer medication/service

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* Use and maintenance of required equipment supplies

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* What to do in emergencies

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* Who will provide training to staff or licensee

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* Verification of staff training and staffing plan including the number of trained staff that will be available when children need specified incidental medical services while in care.

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* Plans for field trip away from the facility (or statement that facility will not take field trips)

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* Plan for ensuring proper safety precautions (appropriate action for exposure to blood and or body fluids, including wearing gloves, preforming hygiene immediately before and after removal/disposal of gloves, and disposal of used instrument in appropriate containers.

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* Plans for transporting medication, equipment, and supplies with child(ren) to ensure medical services are not interrupted when there is a disaster that requires relocation of children.

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* A description of how parent/authorized representative will be informed of each occurrence of incidental medical services to their child.

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Our Incidental medical services and medication procedure is primarily established to accommodate the administration of medication or incidental medical services commonly prescribed by physicians for short-term illness or incidental medical services. Staff on an individual basis will review each situation. We reserve the right to refuse responsibility for incidental medical services or medication at the initial request of the parent/guardian or at any time during the period of administration after notification of the parent/guardian.

I hereby instruct and giver permission to the staff of to Administer the above named mediation to my child.

 From to .

(Child’s Name) (Date) (Date)

I understand that this service is an accommodation for me and I will not hold the staff, administrative personnel, of Campus Kids Connection, Inc. liable for either the proper administration of doses, times, dates, or for any adverse effect of the medication given.

Date Signature of Parent/Guardian

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| **Date** | **Time** | **Dose/Medication** | **Signature or person****Administering medicine** |
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