

	POLICY TITLE	CATEGORY
	Medication – Child Care Centres and Before & After School Programs	Programs
	APPROVING BODY OR POSITION	APPROVAL DATE
	Director, Programs	November 2025
	PRIMARY LEGISLATION / REGULATION REFERENCE(S)	
	Child Care and Early Years Act, 2014 (CCEYA)	

POLICY

Family Day is committed to ensuring that medication for a child is administered safely and correctly, as per the written authorization or prescription of a physician.

Purpose

The purpose of this policy is to ensure that all relevant information regarding the medication and its administration is correctly followed and recorded, including the return of medication to the child's parent/guardian.

Scope

This policy applies to all Family Day Educators working in child care centres and Before & After School programs.

Medication

Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.

Medication must be in the original container and clearly labeled with the child's full name, date, name of the medication, and instructions for storage and administration of the drug.

Non-prescription or Over-the-Counter medicine (for example Tylenol, cough medicine) will only be administered when written authorization from a physician is provided.

With the exception of emergency medication, (auto injector, Asthma puffers, etc.) all medications are inaccessible to children, stored in a locked container or area (e.g., refrigerator), carried by staff members, or by authorized children as per the child's Individual Anaphylactic Plan or Medication Consent Form.

Procedure for Administering Medication

Medication may only be administered by RECEs and Centre Supervisors with the exception of Emergency Medication.

1. Take the appropriate medication from the locked cupboard or refrigerator.
2. Check the date on the medication order and verify for accuracy:
 - Child's full name
 - Name of the medication
 - The dosage of the medication
 - Time for administration
 - Method of administration
 - Instruction for storage
 - The day the medication was purchased and expiry date
3. Compare the label of the medication container against medication consent form signed by the parent/guardian.

4. Prepare the correct amount of medication for the required dose without contaminating the medication. If administering a liquid medication remove cap and place the cap upside down on the countertop. Hold the bottle with the label next to your palm so that if any spills, the label will not become soiled, and unable to be read.
5. Check the label again. Before administering, close the medication container and return the bottle or box to its storage place.
6. Give medication within 30 minutes of the time ordered.
7. Record the medication given on the Medication Tracking Form: date, name of medication, dosage and time. Print name and sign off.

Do not use the following:

- medication from an unmarked container or a container with an unable to be read label
- medication with an outdated expiry date
- medication that is cloudy or has changed colour Never leave medication unattended.

If a dose of medication is unintentionally omitted, record the omission and the reason on the medication tracking form

If an error in administration occurs, contact the appropriate medical expert, the child's parent/guardian and report the incident to your Centre Supervisor. The incident is then documented on the medication tracking form.

Medication Consent Form

The parent/guardian of a child must complete the Medication Consent Form for each medication with the exception of the auto injectors for anaphylaxis, as this information is documented on the child's Individual Anaphylaxis Plan.

The staff who receives the medication from the Parent/Guardian is responsible for ensuring the medication form is completed. The staff who receive the medication must check and review the form before the Parent/Guardian leaves to ensure that the information is accurate and complete.

Emergency Medication

A kindergarten/school age child is permitted to carry Emergency Medication to be self-administered, where possible, when permission is given in writing by a parent/guardian, as per the child's Individual Anaphylactic Plan or Medication Consent Form. When authorized to do so, all emergency medication is to be carried by the kindergarten/school age child and remain on their person in a fanny pack upon arrival and throughout the duration of their time in attendance.

Unused Medication

Unused medication is returned to the child's parent/guardian in the original container. The parent/guardian signs the Medication Consent Form, acknowledging the receipt of the medication.

Filing of Forms

The Medication Consent Form and the Medication Tracking Form are put in the child's file when the medication is returned to the parent/guardian.

Policy Review and Sign-off

Staff and Centre Supervisors review and sign off on this policy at the time of hiring and thereafter on an annual basis.

Appendices

- APPENDIX A: Medication Consent Form – Child Care Centres and Before & After School Programs
- APPENDIX B: Medication Tracking Form



Medication Consent Form – Child Care Centres and Before & After School Programs

This consent form must be completed when any medication is to be administered to your child.

I, _____ give permission for the child care centre staff to give
(parent/guardian's name)

my child _____ medication _____
(child's name) (name of medication)

This medication was purchased on _____ Expiry date (if applicable) _____
(date) (date)

The times and dosages are as follows: _____

Or when the following signs and or symptoms are observed _____

The medication is to be administered from: _____ to: _____
(start date) (end date)

List any known side effects and any other special instructions: _____

Instructions for Storage: Refrigerated non-refrigerated _____

Turn over to record dosages and times given.

Medication and Medication Form received by: _____
Child Care Centre Staff Signature

Date

Parent Signature

Asthma medication can be carried by my kindergarten/school age child: Yes No

Parent/guardian Signature

Medication returned to parent/guardian on: _____
Date

Parent signature

