**CAPE /Head Start/ Early Head Start Section 3. Forms**

**Procedure for completing form:**

Medication Record and Administration

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|  | **STAFF** | **PERSON RESPONSIBLE** | **TIME LINE** |
| 1 | Medication Record Form and Medication Administration instructions are to be downloaded from Intranet. | Teachers, Caregivers, | As needed |
| 2 | Staff is to read and understand all procedures for medication administration (see Medication Administration instructions).* Statement from physician must be provided.
* Written statement from parent or guardian permitting Head Start/Early Head Start Staff to administer medication.
* Coordinator of Health Services must be notified of administering medication.
 | Teachers, Caregivers | As needed |
| 3 | Complete Medication record form at time of administration. | Teachers, Caregivers | As needed |
| 4 | When medication is completed, or monthly for maintenance medication, a copy is to be placed in the child’s education file and the original is to be forwarded to Coordinator of Health Services. | Teachers, Caregivers | As completed, monthly |
| 5 | LSM/County Manager will monitor files. | LSM/County Manager | Monthly |

MH 7/22/15