CENTRAL EGLINTON CHILDREN'S CENTRE(CECC)

MEDICATION TREATMENT PLAN (APPENDIX B)

Child's Full Name _____

CECC will administer medication to children when a medication plan has been signed by a child's parents/guardians and with the following provisos:

Medication
- will be administered when it has been prescribed by a doctor
- medication must be in the original, child-proof container and labelled with the child's name
- will be administered in accordance with the doctor and/or pharmacy instructions
- the first dose has been administered at home

I/We, _____ , authorize CECC staff to administer the following medication to the child named above. It is understood that CECC cannot be held accountable for any adverse reactions to the prescribed medication when administered by staff.

WHAT IS THE MEDICAL CONDITION? (Why does your child need medication) _____

_____

Name of Medication _____ **Dosage** _____ **Expiry** _____

When to give Medication _____ (one day, every day, when symptoms show)

Name of Medication _____ **Dosage** _____ **Expiry** _____

When to give Medication _____ (one day, every day, when symptoms show)

_____

Method of Administration (by spoon, injection, aerochamber etc.) _____

Possible Side Effects of the Medication _____

_____

IS THE MEDICATION/EPI PEN ACCOMPANIED BY A DOCTOR'S NOTE ☐ **OR A PRESCRIPTION ON THE LABEL ?** ☐

My Child may carry his/her own Medication (check one) YES ☐ **NO** ☐

** Please Note: You must attach a permission note from your child's doctor. CECC is not responsible for any misuse of the medication by your child*

Emergency Contacts

Parent/Guardian		Parent/Guardian	
Home #		Home #	
Business #		Business #	
Cell #		Cell #	

Child's Doctor

Name		Phone #	
Address		Postal Code	

Date	**Parent/Guardian Signature**	**Parent/Guardian Signature**	**Physician's Signature**

Note: There must be a signature from each of the Parent/Guardians listed above

For CECC: Location of Medication - Locked medication box in classroom ☐
In red pouch with knapsack ☐ in classroom labelled with a **red cross** ☐
Carries his/her own medication ☐