Exercise: Accepting Medication

ANSWER KEY

**Case Study 1:** Carly McMahon is a ten-month-old child in your program. When her mother drops her off, she tells you Carly is teething and is uncomfortable and irritable. She also says she spoke with Carly’s doctor last night and the doctor recommended she give her Tylenol® for the pain. Her mother gives you a bottle of Infants’ Tylenol Oral Suspension with Carly’s name on it and asks you to give her a dose at 1PM today. She does not have a completed *Written Medication Consent Form* signed by Carly’s health care provider.

1. Do you have the required instructions from Carly’s doctor to accept the medication? How do you determine this?

   **No.** To administer OTC medication to a child under 18 months of age, you need to obtain and document verbal permission from the parent and verbal instructions from the child’s health care provider.

If not, is there anything you can do so you can accept the medication from Carly’s mother?

   **Yes.** Document that you received verbal permission from the mother and obtained and documented verbal instructions from the child’s health care provider.
**Case Study 2:** Joshua Liebowitz is a four-year-old child in your program. You have been giving him a medication called carbamazepine every day at 12PM for the last nine months to prevent seizures. He has been doing very well and has not had a seizure since taking the medication. Today, Joshua’s father drops him off and tells you Joshua’s doctor wants to lower the amount of the carbamazepine Joshua takes. Joshua’s father gives you new written instructions from the doctor (see next page) but does not have a new bottle of medicine, since there is still plenty of medicine left and the pharmacy won’t fill a new prescription yet.

1. Do you have the required instructions from Joshua’s doctor to accept the medication?
   Yes.

2. You see that Box 13 is checked on Joshua’s consent form. The label on the carbamazepine bottle you have stored at the program does not match the dose written on the consent form. Do you need a new medication label that matches the new written health care provider instructions before you agree to give the medication?
   No.

What else do you need to do?

*Notify (verbally and in writing) all staff who are approved to administer medication that the instructions on the pharmacy label do not match the health care provider’s instructions.*
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child’s First and Last Name: Joshua Liebowitz
2. Date of Birth: 2/6/XXXX (4 years old)
3. Child’s Known Allergies: None
4. Name of Medication (including strength): Carbamazepine suspension (100mg/5ml)
5. Amount/Dosage to be Given: 1 tsp
6. Route of Administration: oral
7A. Frequency to be administered: 12 noon
    OR
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters):

8A. Possible side effects: ☑ See package insert for complete list of possible side effects (parent must supply)
    AND/OR
8B. Additional side effects:

9. What action should the child care provider take if side effects are noted:
   ☑ Contact parent
   ☐ Contact health care provider at phone number provided below
   ☐ Other (describe):

10A. Special instructions: ☑ See package insert for complete list of special instructions (parent must supply)
    AND/OR
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situation’s when medication should not be administered.)

11. Reason for medication (unless confidential by law): seizure disorder

12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?
   ☑ No ☐ Yes If you checked yes, complete (#33 and #35) on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?
   ☑ No ☐ Yes If you checked yes, complete (#34 - #35) on the back of this form.

14. Date Health Care Provider Authorized: 10/13/XXXX
15. Date to be Discontinued or Length of Time in Days to be Given: 4/13/XXXX
16. Licensed Authorized Prescriber’s Name (please print): Gary Marchione, MD
17. Licensed Authorized Prescriber’s Telephone Number: (914) 555-1998
18. Licensed Authorized Prescriber’s Signature: X Gary Marchione
**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES**

**MEDICATION CONSENT FORM**

**CHILD DAY CARE PROGRAMS**

**PARENT COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?)

- [ ] Yes
- [ ] N/A
- [x] No

Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm):

---

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name):

Joshua Liebowitz

---

21. Parent’s Name (please print):

Gabriel Liebowitz

22. Date Authorized:

10/14/XXXX

23. Parent’s Signature:

[ ] Gabriel Liebowitz

---

**CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)**

24. Program Name:

ABC Child Care

25. Facility ID Number:

01376 DCC

26. Program Telephone Number:

(212) 555-8363

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff’s Name (please print):

Carla Carson

29. Date Received from Parent:

10/14/XXXX

30. Staff Signature:

[ ] Carla Carson

---

**ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)**

31. I, parent, request that the medication indicated on this consent form be discontinued on (Date):

---

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

[ ]

---

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

See Individual Health Care Plan

---

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE:  10/13/XXXX

By completing this section, the day care program will follow the written instruction on this form and not follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber’s Signature:

[ ] Gary Marchione