

Family Day Home Program Decision to Not Administer Prescription Medication

My program has made the following decision regarding the administration of medications to a child in my program: (Check one)

- I (or my staff) **WILL NOT** administer any medications – prescription or non-prescription medication (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).
- I (or my staff) will administer **ONLY** non-prescription medications (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.

Provider’s Name (please print):	Facility Name:
Provider’s Signature:	Date:
Parent or Guardian Signature:	Date:

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS’ designees or other persons authorized by law unless the child’s parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

ADA Statement

I understand the provisions of the Americans with Disabilities Act (ADA). If any child enrolled in my program now or in the future is identified as having a disability covered under the ADA, I will assess the ability of the program to meet the needs of the child (for further information on ADA seek legal counsel and/or go to the following website: www.usdoj.gov/crt/ada/chcaflyr.htm). If my program can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, I will follow the steps required to have my program approved to administer prescription medication.

Provider Statement

I understand that it is my responsibility to follow my *Program’s Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to parents at enrollment, whenever changes are made, and upon request.