

# Medication Policy

Emergency Medications and over-the-counter skin products shall be administered to a child according to the center's written medication policies and with written authorization from the parent and or child's physician. ***We do not administer any oral over counter medication or any oral antibiotics or other medication other than emergency medication such as Asthma or Epipen.***

Cornerstone Academy Day Center has three kinds of medication forms: Prescription, Over-the-counter skin products and Long term medication. When filling out forms they must be completely filled out. Cornerstone Academy Day Center medication forms are only good for 10 days except for the long- term medication forms, which are good for 6 months.

**Over-the-counter skin products** – may be given to a child with the proper medication form filled out. This will include the dosage, the times it shall be given, and the duration of the medication according to the label. Over-the-counter skin products are as such: diaper ointments, insect repellents and sunscreens. Please note that if the label says, if symptoms persist after a certain amount of time, when that time has exceeded we cannot administer medication to your child without a doctors note.

**Emergency Prescription medication-** may be given to a child with proper medication form filled out. ***Please note that if you are using an old prescription that has not expired we will need a doctor's note stating what the illness is and that we can continue to use this medication.***

**Long- term medication-** this form is for medication that your child needs for more than 10 days. This form needs to be filled out by your doctor, parent, and staff before the child can be given the medication.

***All medication must be in original container with the prescription label or direction label attached and child's name on it. Parents will be notified immediately of any adverse reactions to medication administered and any medication error and will be documented on back of medication form.***

I have read and understand ***Cornerstone Academy Day Center*** medication policy and will fill out the proper forms before the center can administer my child medication.

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Parent/Guardian signature

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Date