

Elkhart and St. Joseph Counties Head Start Consortium

Rejected Medications

Child's Name: _____ Date: ____/____/____

Child's Medication Policy and Procedure Performance Standard 1304.22(c)(1-6)

All medications will be kept in the original container, which must be resistant and properly labeled by the pharmacist. The label information must include the child's name, frequency, dosage, administration, expiration, storage instructions, date filled, and name of the prescribing physician. All medications will be kept under lock and key at all times. Medications requiring refrigeration will be kept in a locked box in the site refrigerator.

REJECTED MEDICATION PROCEDURE

MEDICATIONS THAT COME INTO THE SITE THAT DO NOT MEET ALL REQUIREMENTS OF THE PERFORMANCE STANDARD ABOVE ARE CONSIDERED REJECTED MEDICATIONS:

- Parents are called immediately and informed that medication is rejected and cannot be given to the child.
- Staff will complete rejected medication form.
- Staff will place the medication in the designated envelope, mark as REJECTED MEDICATION, seal it, and place it in the appropriate lock box for parent or adult to pick up.

Parent signature of receipt for Rejected Medication: _____

Head Start staff signature: _____

Date medication was picked up: _____