

**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, symptoms)** \_\_\_\_\_

**Name of Medication #1** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Expiry** \_\_\_\_\_

**When to give Medication** \_\_\_\_\_ (one day, every day, when symptoms show)

**Name of Medication #2** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Expiry** \_\_\_\_\_

**When to give Medication** \_\_\_\_\_ (one day, every day, when symptoms show)

**Method of Administration # 1 (by spoon, injection, aerochamber etc.)** \_\_\_\_\_

**Possible Side Effects of the Medication** \_\_\_\_\_

**Method of Administration # 2 (by spoon, injection, aerochamber etc.)** \_\_\_\_\_

**Possible Side Effects of the Medication** \_\_\_\_\_

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

**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**

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

For CECC: Location of Medication - Locked medication box in classroom  Locked medication box in Fridge   
Life saving medications are carried by CECC Educators, in a labelled pouch, inside a labelled knapsack pocket  
\* Life saving medication is taken with staff to evacuation location and on field trips