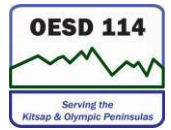




# Medication Staffing Plan



**Purpose:** This plan is used by Family Advocate to support the classroom/center staff and parent/guardian in preparing for necessary child medication and/or equipment and to create the required Health Alert.

Date: \_\_\_\_\_ Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Names of people in Attendance: \_\_\_\_\_

\_\_\_\_\_

Child History related to need for medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms to look for in the classroom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Classroom Plan (includes type of medication, dose of medication, route of medication and storage of medication):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up (if needed and by whom): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date of Medication: \_\_\_\_\_

Expiration Date of Medication Authorization (no longer than one year): \_\_\_\_\_

**\*\*Information on Medication Form must match the information provided by the physician.**

Teacher Initials: \_\_\_\_\_ Date \_\_\_\_\_ Teacher Initials: \_\_\_\_\_ Date \_\_\_\_\_

Family Advocate Initials: \_\_\_\_\_ Date \_\_\_\_\_ Other Initials: \_\_\_\_\_ Date \_\_\_\_\_

Original uploaded to ChildPlus and email sent to Family Services Program Manager.  
Copy stays WITH the medication.