



Incidental Medical Services - Plan of Operation

Child's Name _____

Date: _____ Date of Admission: _____ Site: _____

Type of Medication Services Needed:

- Blood Glucose Monitoring for Diabetic Children
- Glucagon Administration (In Case of Emergency)
- Inhaled Medication for children with Asthma
- EpiPen/EpiPen Jr. Administration (In Case of Emergency)
- Gastrostomy Tube Care*
- Other Medication - Please Name: _____
- Other Medical Service - Please Explain: _____

Name of Prescribing Physician: _____

Physician's Contact Number: _____

Date of Prescription: _____

Parent Name: _____ Parent Signature: _____

Please attach written instructions from the prescribing Physician on how to administer medical services.

Please explain any additional instructions.

Trained and Certified Staff Names: _____

Person Who Conducted Training: _____

Incidental Medical Services
Plan of Operation
Policies and Procedures

- Only staff that have been trained will be allowed to administer medication or medical services to your child. This staff must also be approved and trained by the Director to administer medication/medical services to each child.
- While on site, all medication will be stored and locked – out of children’s reach.
- Any time children are off site, medication will be stored with the first aid bag, in a separate locked bag. This will only be unlocked when the medication/medical services is being administered to the child.
- Staff will log any time medication or medical services is administered a child.
- Parents will be informed of all medical services being administered via conversation with parent.

Staff Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Director Signature: _____ Date: _____

