Drug and Medication Administration Policy and Procedures

Name of Child Care Centre: Toronto Waldorf School Child Care

Date Policy and Procedures Established: November 2015

Date Policy and Procedures Updated: July 1, 2026

Purpose

This policy provides clear direction for the safe receipt, storage, carrying, administration and recording of drugs and medications for children receiving care at Toronto Waldorf School Child Care. It applies to employees, students and volunteers; however, routine and scheduled medication may be handled and administered only by the person in charge of medication or the designated person identified in this policy.

The policy supports children's health, safety and well-being and ensures that medication is authorized, accepted, stored, carried, administered and documented consistently.

This policy is intended to meet the requirements of the Child Care and Early Years Act, 2014 and Ontario Regulation 137/15, including sections 6.1, 39, 39.1, 40 and 82, as amended by Ontario Regulation 197/26 effective July 1, 2026. It is to be read together with the Centre's Anaphylactic Policy, Children with Medical Needs procedures, Serious Occurrence Policy and Parent Handbook.

Scope and Safety Objectives

Where the terms "drug" or "medication" are used in this policy, they include prescription and over-the-counter products bearing a Drug Identification Number (DIN), as well as any product that is treated as a drug or medication under applicable law. Prescription and over-the-counter medication may include scheduled, short-term, as-needed (PRN), emergency and chronic-condition medication.

This policy establishes measures to:

- ensure children receive only medication authorized as necessary and appropriate by their parents;
- reduce the potential for medication errors;
- prevent spoilage by following label storage instructions;
- prevent accidental access or ingestion;
- keep required emergency medication immediately available and administer it without delay; and
- administer and record medication according to consistent procedures and required forms.

Policy

Responsibility for Drugs and Medications

Person in charge of all drugs and medications: School Nurse

Designated person: Child Care Administrator/Supervisor

Designated person in the absence of the School Nurse and the Child Care Administrator/Supervisor: Classroom Lead Teacher of the child needing the medication who has been trained on the Individualized Plan (if applicable)

- The School Nurse receives and reviews medication and written authorizations; confirms that labels and instructions are complete; oversees storage; administers scheduled and non-emergency medication; and ensures records are complete.
- When the School Nurse is absent or unavailable, the Child Care Administrator/Supervisor assumes these medication responsibilities as the designated person.
- The handover of responsibility, including any medication due and any medication that must remain immediately accessible, will be communicated and documented in the daily written record or designated communication record.
- Emergency treatment must not be delayed while waiting for the School Nurse. An employee who has been trained on the child's individualized plan and designated to respond will administer emergency medication immediately in accordance with the plan, label and written parental authorization.

Required Forms: Quick Selection Guide

Appendices A–D form part of this policy. Staff must select the form by medication purpose, complete it at the time stated below, and keep it with the child's medication records. An individualized plan does not replace a required administration record, and an appendix form does not replace a required individualized plan.

Form	Purpose	When and How to Use It
Appendix A	Authorization for Drug/Medication Administration	Use before the first dose of a scheduled, short-term or PRN prescription or over-the-counter medication. The parent completes and signs the authorization. The School Nurse, or the Child Care Administrator/Supervisor as designate, reviews the form against the original label, records receipt and storage location, and attaches it to Appendix B.
Appendix B	Record of Drug/Medication Administration	Use with Appendix A to record every scheduled, PRN or authorized self-administered dose. The person administering or supervising records the date, time, dose, staff/child administration, signature and observations immediately. Also record absences, refusals, missed/late doses, spillage or other variances in the comments area.

Form	Purpose	When and How to Use It
Appendix C	Authorization and Record for EpiPen Administration Only	Use only for an EpiPen/epinephrine auto-injector when the product and dose stated on the form match the pharmacy label. The parent completes the authorization and the form is kept with the Individual Anaphylaxis Plan. Staff record each administration on Appendix C and in the daily written record, notify the required persons and complete other incident records as applicable.
Appendix D	Authorization and Record for Other Emergency Medication	Use for emergency medication for a medical condition other than an EpiPen, including medication for asthma, diabetes, epilepsy/seizure response or another condition requiring immediate access. The parent completes the authorization and the form is kept with the Individualized Medical Plan. Staff record each administration on Appendix D and in the daily written record.

- **Routine/scheduled/PRN medication:** complete Appendix A before administration and Appendix B for every dose or variance.
- **EpiPen emergency medication:** use Appendix C with the Individual Anaphylaxis Plan; Appendices A and B are not duplicated for the same EpiPen.
- **Other emergency medication:** use Appendix D with the Individualized Medical Plan; Appendices A and B are not duplicated for the same emergency medication.
- **Separate medications:** if a child also receives a separate scheduled or PRN medication, use Appendices A and B for that medication in addition to Appendix C or D.
- **Authority to carry:** the Individual Anaphylaxis Plan or Individualized Medical Plan must identify who may carry the medication. Appendix A, C or D alone does not authorize carrying.
- **Personal care products:** the enrolment/registration authorization is used for non-prescribed sunscreen, lotion, lip balm, insect repellent, hand sanitizer and diaper cream; Appendices A and B are not required unless the product is prescribed as a drug.

Parental Authorization

- Whenever possible, parents will be encouraged to administer medication at home where this can be done safely and without disrupting the prescribed treatment schedule.
- No drug or medication will be administered without written authorization from a parent. The parent will complete Appendix A for scheduled, short-term or PRN medication, Appendix C for an EpiPen, or Appendix D for other emergency medication. The authorization must state the child's name, medication, dose, route, times or observable circumstances for administration, treatment period, storage instructions and parent signature/date.
- The authorization must include a schedule setting out when the medication is to be given and the amount to be administered. A written authorization contained in an individualized plan may be used if it includes all required information; duplicate authorization is not required.

- For medication to be given "as needed," the authorization and, where required by the Centre, written direction from the child's regulated health professional must identify clear, observable signs or symptoms, the dose, the minimum interval between doses and the maximum number of doses.

- The Centre may require clarification or written direction from a regulated health professional where an over-the-counter product label does not provide child-specific instructions, where the instructions are unclear, or where immediate access or self-administration is requested.

- Parents must promptly provide updated authorization and medication when the prescription, dose, schedule, route, symptoms, health condition, child's weight-dependent dosage, product, expiry date or individualized plan changes. Authorizations and plans will be reviewed with parents at least annually and whenever a change occurs.

Individualized Plans and Immediate Access to Medication

- A child with an anaphylactic allergy will have an Individual Anaphylaxis Plan. A child with other medical needs will have an Individualized Medical Plan as required by Ontario Regulation 137/15. The plan will be developed in consultation with the parent and, where the parent considers appropriate, the regulated health professional involved in the child's care.

- Each applicable plan must identify who may carry the child's medication. At the Centre, the authorized carrier may be an employee or the child. The plan must also address risk-reduction steps, medical devices and their use, supports provided to the child, the location and control of medication, supervision, administration, documentation, backup supplies, transitions, outdoor play, evacuation and off-site activities.

- The Centre will permit an employee or child identified in the individualized plan to carry medication for asthma, emergency allergies, diabetes or epilepsy.

- Other medication may be carried only when the plan identifies the carrier and the Centre has written documentation from a regulated health professional authorized to prescribe drugs confirming that, without immediate access by the child, the child's health could be significantly at risk.

- A child may carry and/or self-administer medication only when this is expressly authorized in the individualized plan and written parental authorization. The plan will document the child's ability, required supervision and safeguards. Once the plan authorizes the child as carrier, the Centre will permit the arrangement. Carrying medication does not, by itself, authorize self-administration.

- Where a child carries medication, staff will maintain appropriate supervision and ensure that the medication remains with the child in the manner set out in the plan and is not left unattended or accessible to other children. Concerns will be documented and reviewed promptly with the parent and the School Nurse/Child Care Administrator/Supervisor; the plan will be revised as needed.

- Medication that is not being carried by an authorized employee or child under an individualized plan must remain inaccessible to children and stored in a locked container in accordance with this policy.

Medication Acceptance and Labelling Requirements

- Medication will be accepted and administered only from the original container supplied by a pharmacist or the original manufacturer's package. Medication transferred to another container will not be accepted.

- The container or package must be clearly labelled with the child's full name, the medication name, dosage, date of purchase and expiry (if applicable), and instructions for storage and administration.

- The medication label, written parental authorization and individualized plan must be consistent. If information is missing, illegible, expired or inconsistent, routine medication will not be accepted or administered until corrected. In an emergency, staff will follow the child's current individualized plan and emergency procedures and call 911 as required.

- Medication or health products belonging to employees, students or volunteers must be kept in a locked staff storage area or the locked School Nurse's office, remain inaccessible to children, and never be administered to a child.

- A suitable dispensing device supplied for the child (for example, an oral syringe, spacer or measuring cup) must accompany the medication where required.

Non-Prescription Topical and Personal Care Products

Sunscreen, moisturizing skin lotion, lip balm, insect repellent, hand sanitizer and diaper cream do not constitute drugs or medications for the purposes of section 40 of Ontario Regulation 137/15 unless the item is a drug prescribed for the child by a health professional. For these non-medication items:

- written parental authorization is required and may be provided as a blanket authorization on the enrolment/registration form;

- the item must be in its original container or package, stored according to the label, and clearly labelled with the child's name and the name of the item;

- the item will be administered according to the label and any parent instructions; and

- a medication administration record is not required unless the item is prescribed as a drug or the child's individualized plan/Centre procedure requires documentation.

Storage, Carrying and Transportation

Routine and non-emergency medication: All scheduled, short-term, PRN and other medication that is not required to follow the child for immediate access will be stored according to the label in a locked medication container in the School Nurse's office. The School Nurse's office will be locked whenever the School Nurse is not present. The School Nurse and Child Care Administrator/Supervisor will maintain authorized access; keys or access devices will remain inaccessible to children.

Refrigerated medication: Medication requiring refrigeration will be stored according to the label in a locked medication container inside the mini fridge in the School Nurse's office. The mini fridge is the designated medication refrigeration location, and the office will be locked whenever the School Nurse is not present.

Immediate-access emergency medication: Emergency medication that must follow the child and remain readily available will be stored in the child's classroom emergency backpack in accordance with the individualized plan. The backpack will be immediately available to trained staff but inaccessible to children at all times.

Backpack control and handover: The classroom emergency backpack will accompany the child's group during classroom transitions, outdoor play, evacuation, field trips and all off-site activities. A trained employee will be assigned control of the backpack and will complete a direct handover whenever responsibility changes.

Prohibited locations: Emergency medication must never be left in an unattended classroom backpack, cubby, child's regular backpack, hallway, vehicle or outdoor area. The responsible employee will verify the medication is present before leaving an area and upon return.

Backup emergency medication: Where a second or backup emergency medication is stored in the School Nurse's office, its exact location and purpose will be identified in Appendix C or D and the individualized plan. A backup supply does not replace the medication required to follow the child.

Training and confidentiality: Employees, students and volunteers who work with the child will be trained on the emergency medication location and response procedure. Personal health information will be shared only as necessary to protect the child and implement the plan.

Off-site verification: Before departure and on return from outdoor play, evacuation, field trips or other off-site activities, the responsible employee will verify possession of immediate-access medication and complete any required transfer/check record.

Expired or surplus medication: Medication will be removed from active use and returned to the parent in the original container. If it is not retrieved after documented requests, it will be taken to a pharmacy for safe disposal. Medication will not be flushed or placed in regular garbage.

Administration of Medication

- Scheduled and non-emergency medication will be administered by the School Nurse or, when the School Nurse is absent or unavailable, by the Child Care Administrator/Supervisor as the designated person.

- Before administration, the person administering the medication will verify the correct child, medication, dose, time or symptom, route, authorization, label instructions and expiry date. Medication will be prepared in a quiet, well-lit area using the appropriate dispensing device.

- Medication will be administered exactly as stated on the label and written authorization. Staff will not alter a dose, crush or mix medication, or use a different route unless the label and written authorization expressly permit it.

- Emergency medication may be administered immediately by an employee trained on and designated under the child's individualized plan. Staff will follow the emergency steps in the plan, provide first aid, call 911 where indicated, and notify the School Nurse, Child Care Administrator/Supervisor and parent. Administration will not be delayed to obtain further permission.

- When a child is authorized to self-administer, a trained employee will supervise as specified in the individualized plan, assist only as authorized, confirm the dose was taken, and complete the same records required for staff administration.

- Students and volunteers are not assigned responsibility for routine or scheduled medication administration. They must immediately alert an employee and follow the child's emergency plan only to the extent of their documented training and assigned role.

Record-Keeping and Parent Notification

- Every administration, including child self-administration, will be recorded immediately on the form required by the Quick Selection Guide: Appendix B for medication authorized on Appendix A, Appendix C for an EpiPen, or Appendix D for other emergency medication. The record will include the date, time, medication, dose, route, reason/symptoms where applicable, the name/signature or initials of the person administering or supervising, and relevant observations.

- For a scheduled treatment period, each required day will be accounted for. Absence, refusal, vomiting/spillage, a missed or late dose, withheld medication, medication unavailable, or any other variance will be documented with the reason and action taken.

- Parents will be notified as soon as possible of any PRN or emergency administration, missed/late/incorrect dose, refusal, adverse reaction, medication error, or other occurrence that could affect the child's health or treatment schedule.

- PRN/emergency administration, relevant symptoms, medication errors, carrier/transfer concerns and significant follow-up will also be entered in the daily written record and any applicable illness, accident or serious occurrence record.

Record Retention

Medication authorizations, Appendices A–D, individualized plans, administration records and required related records will be stored securely in the child's file and retained for at least three years from the date the record is made, unless a longer period is otherwise required. Records will be organized so they can be made available to an inspector or program adviser at all times.

Medication Errors, Adverse Reactions and Emergencies

- If the wrong medication or dose is given, medication is given to the wrong child, or a dose is omitted or given at the wrong time, the employee will immediately stop, assess the child, notify the School Nurse and Child Care Administrator/Supervisor, contact the parent, follow label/prescriber/poison-control or emergency directions, and call 911 where required.

- If a child has an adverse reaction, staff will provide first aid, follow the individualized plan, call 911 where indicated, notify the parent and Centre leadership, and send the medication container and administration information with the child if the child leaves for medical care.

- The actual event and all actions taken will be recorded accurately. Records must not be altered to conceal an error. Corrections will be dated/initialled in a manner that preserves the original entry.

- Where the event meets the definition of a serious occurrence, the Serious Occurrence Policy and reporting timelines will be followed.

Implementation, Training and Monitoring

- Employees who may administer, carry or supervise medication will receive role-specific training from the School Nurse or Child Care Administrator/Supervisor before assuming the duty and whenever a child's plan or medication changes.

- Employees, students and volunteers who may interact with a child with an Individual Anaphylaxis Plan or Individualized Medical Plan will be trained on the procedures they are required to follow before interacting with the child and whenever the plan changes. Training will include emergency response, the location/carrier of immediate-access medication, use of the classroom emergency backpack and the applicable Appendix C or D. Required reviews and training acknowledgements will be documented.

- The Child Care Administrator/Supervisor will monitor implementation through periodic checks of authorizations, labels, expiry dates, locked storage, carrier arrangements, administration records and staff understanding. Contraventions will be documented, addressed promptly, and followed by retraining or corrective action as appropriate.

Drug and Medication Administration Procedures

Scenario	Required Actions
A. Medication is received from a parent	• Direct the parent to the School Nurse or, if unavailable, the Child Care Administrator/Supervisor. • Select the required form: Appendix A for scheduled/PRN medication, Appendix C for an EpiPen, or Appendix D for other emergency medication. Confirm that any required individualized plan is also complete. • Confirm the written authorization/individualized plan is complete and matches the original labelled container or package. • Check the child's name, medication, dose, route, schedule or symptoms, storage directions, purchase/expiry dates and dispensing device. • Do not accept routine medication with missing, inconsistent or expired information. Explain what must be corrected. • Store routine medication in the locked medication storage in the School Nurse's office; place refrigerated medication in the locked medication container in the office mini fridge; or place required immediate-access emergency medication in the controlled classroom emergency backpack. • Record receipt and communicate due doses, emergency access requirements and the responsible person.
B. An employee or child is authorized to carry medication	• Verify that the individualized plan identifies the carrier and that the medication meets the conditions in Ontario Regulation 137/15, subsection 40(2). • Confirm that Appendix C is complete for an EpiPen or Appendix D is complete for other emergency medication. The appendix form does not replace the individualized plan's identification of the carrier. • Confirm whether the plan authorizes carrying only, self-administration, or staff administration, and identify the trained responders. • Keep staff-carried medication in the classroom emergency backpack under the direct control of the authorized employee; prevent access by children. • Complete direct handovers when the authorized employee carrier changes and verify the medication before outdoor/off-site transitions. • Document and promptly address any missing medication, access concern, unsafe carrying practice or deviation from the plan.

Scenario	Required Actions
C. Scheduled or non-emergency medication is due	• The School Nurse administers the medication. If the School Nurse is unavailable, the Child Care Administrator/Supervisor administers it as designate. • Confirm that Appendix A is complete and attached to the child's Appendix B administration record. • Verify the correct child, medication, dose, time/symptom, route, authorization, label and expiry; prepare the dose in a quiet, well-lit area. • Administer exactly as authorized and observe the child as appropriate. • Record the administration immediately on Appendix B and return the medication to the locked storage in the School Nurse's office or the locked medication container in the office mini fridge. • For PRN medication, record the observable symptoms/reason and notify the parent.
D. Emergency medication is required	• The trained employee who recognizes the emergency responds immediately; do not wait for the School Nurse. • Administer medication and first aid exactly as set out in the child's individualized plan and label instructions. • Call 911 whenever required by the plan or the child's condition. For suspected anaphylaxis, administer epinephrine promptly and call 911. • Notify the School Nurse, Child Care Administrator/Supervisor and parent. Arrange any second dose only as authorized by the plan/label and emergency direction. • After the child is safe, record an EpiPen administration on Appendix C or other emergency medication on Appendix D. Also complete the daily written record and any applicable illness, accident or serious occurrence records.

Scenario	Required Actions
E. A child is authorized to self-administer	• Confirm that self-administration—not only carrying—is expressly authorized in the plan and parental authorization. • A trained employee supervises as required, verifies the correct dose and technique, and assists only as authorized. • Record the administration immediately on Appendix B for medication authorized on Appendix A, Appendix C for an EpiPen, or Appendix D for other emergency medication, and return/retain the medication according to the plan. • Report and document any concern about the child's ability, missed dose, access by another child or deviation from the plan, and arrange a plan review.
F. Medication error, adverse reaction or wrong child/dose/time	• Stop and assess the child. Provide first aid and follow the individualized plan. • Notify the School Nurse and Child Care Administrator/Supervisor immediately. • Contact the parent and follow label, prescriber, poison-control or emergency directions; call 911 when required. • Record the facts, actual medication/dose/time, observations, notifications and actions on the applicable Appendix B, C or D without concealing or overwriting the original entry. • Apply the Serious Occurrence Policy where the incident meets reporting criteria, and complete follow-up/corrective action.
G. Medication is expired, discontinued or no longer required	• Remove the medication from active use and mark it for return; do not administer it. • Return it to the parent in the original container and document the return on Appendix A, C or D, as applicable. • If it is not retrieved after documented requests, arrange safe pharmacy disposal. Do not flush it or place it in regular garbage.

Glossary

Appendix Forms: Appendix A authorizes scheduled/PRN medication; Appendix B records its administration; Appendix C authorizes and records EpiPen administration; and Appendix D authorizes and records other emergency medication. The Quick Selection Guide controls form selection.

Carry / Carrier: To keep the child's medication on the person of an employee or child identified in the child's individualized plan so that it is immediately available. Carrying does not automatically authorize self-administration.

Drug Identification Number (DIN): An eight-digit number assigned by Health Canada to identify a drug product authorized for sale in Canada. A DIN is normally shown on the label of prescription and over-the-counter drug products.

Emergency Medication: Medication required promptly for an urgent medical condition, including medication for asthma, emergency allergies/anaphylaxis, diabetes or epilepsy, and other medication supported by the documentation required under subsection 40(2).

Individualized Plan: The child's Individual Anaphylaxis Plan under section 39 or Individualized Medical Plan under section 39.1. The plan identifies procedures, supports, emergency response and who may carry medication for the child.

Person in Charge of All Drugs and Medications: The School Nurse, who is responsible for the Centre's medication system and for dealing with drugs and medications in accordance with this policy. The Child Care Administrator/Supervisor is the designated person when the School Nurse is absent or unavailable.

Self-Administration: The child personally takes or applies medication. It is distinct from carrying and is permitted only when expressly authorized in the child's individualized plan and written parental authorization.

Legislative and Operational References

Child Care and Early Years Act, 2014; Ontario Regulation 137/15, sections 6.1, 39, 39.1, 40 and 82 (consolidation effective July 1, 2026); Ontario Regulation 197/26, sections 11-13; and Toronto Waldorf School Child Care Parent Handbook 2026-27, Anaphylactic Policy and individualized plan forms.