

MEDICATION ADMINISTRATION ONSITE CHECKLIST

SCHOOL/CENTER: _____

DATE: _____ **REVIEWED BY:** _____, RN

RATING	A	NA	NI
CARE and STORAGE			
✓ Medications properly locked up			
✓ Area is clean			
✓ Refrigerated medications in designated area (box)			
✓ EpiPen® is stored at room temperature			
✓ Medication expiration dates current			
✓ Medications in properly labeled containers			
✓ Organized system			
✓ Disposal of medications			
PAPERWORK			
✓ Health care provider signature			
✓ Parent signature on completed information			
✓ Copy to nurse			
✓ Health care plans (as needed)			
Medications being given only by designated/trained staff			
DOCUMENTATION			
✓ All documentation in ink			
✓ Signature to match all initials on medication log			
✓ Controlled drugs are counted when brought to school/child care and recorded			
✓ Medications being given at correct time			
✓ As needed drugs are given at proper intervals			
Areas of concern:			
Follow up plan:			
Comments:			

* A = Acceptable

*NA = Not Acceptable

*NI = Needs Improvement