Hello,

Effective October 1, 2005, Montana child-care providers will be subject to a new law under the jurisdiction of the Montana Department of Justice. Dane's Law makes it a felony for any employee, owner, household member, volunteer or operator of a day care facility to administer medication— either prescription or non-prescription--to a child without the written consent of the child's parent. The law also prohibits the inappropriate administration of medications.

The law does provide an exception for certain medical emergencies when parental consent cannot be obtained. In such cases, a provider would have to obtain the written authorization from the child's physician, or be verbally directed to administer the medication from a medical practitioner, an emergency services provider, or a 911 responder.

The penalty for giving a child medication without parental consent can be up to 20 years in jail and up to a $50,000 fine.

In anticipation of Dane's Law and the implementation of future day care rules pertaining to medication administration, The Child Care Licensing Program has developed sample documents for providers to use. Use of these documents is voluntary at this time. The documents include:
• Medication Authorization Form
• A Medication Administration Log (with instructions for use); and
• Medication Error/Incident Report

These forms are located at www.dphhs.mt.gov/earlychildhood and are not copyright protected; they can be downloaded and used "as is", or providers may modify the documents in accordance to their program. However, if a facility chooses to modify these forms, it is critical that the same basic information contained on the above documents is used.

If you are interested in obtaining a full copy of Dane's Law, you may do so by logging onto
https://leg.mt.gov/bills/2005/billhtml/HB0068.htm

Should you have questions or concerns about Dane's Law, or the medication administration documents, please contact your local child-care licensor.

Thank you.

01/11/2017

Sample Directions for Use of a Medication Log

1. The medication log is used to document that medication has been given to a child. Because this log is a legal document you must initial and sign each entry in ink.

2. Each medication given in the child care facility will need to have the following information written on the log:
    *   Child's Name
    *   Child Care Facility
    *   Medication Name
    *   Dosage—this must be the same as on the bottle and authorization form
    *   Time the medication is to be given and time span for medication (e.g., days, weeks, months)
    *   For Prescription medication--Name of person with Prescriptive Authority
    *   Picture of the child if child is five years of age or younger

3. Have the log with you when you are giving any medication. Remember to check the information and compare it with the medication label before you give the medication to the child. Check to see if the medication has already been given to the child for that day and at that time by any other person.

4. It is preferable to assign one person to give all medications to the child for the day to avoid double dosing or missing a dose. Identify the child by name before giving the medication to the child and/or check the attached picture of the child.

5. Immediately after giving the medication, document:
    *   Name and dosage of medication
    *   Time the medication was given
    *   Day and date the medication was given
    *   Initials of the person administering the medication

6. If the medication is dropped on the floor, the child refuses to take the medication, spits out the medication, or any other unusual occurrence happens, make note (or designate NG for not given) in the Comment area and contact the parent.

7. If the child is absent from the facility, and are not in the Comment area enter an "A" for absent.

8. When the log is discontinued, write the date of discontinuation and arrange for the parent to pick up medication container, or dispose of any leftover medication.

Medication Administration Log

Use One Sheet for Each Child

Name:_____ Birth date: _____

Name of Facility: _____

Class:_____From:_____To: _____

                                    (Start date of medication)   (End date)

Name of Parent: _____

Parent Work #:_____Parent Home #: _____

Person with Prescriptive Authority: _____

                             (Name of health care provider prescribing the medication)

Name of Medication: _____

Dosage:_____Route:_____Times:_____

Length of time medication is to be given: _____

Date Mm/dd/yy		Time	Comment	Initials	Date Mm/dd/yy		Time	Comment	Initials

Signature	Initials	Date

- If the child is absent, (designate with an "A") or if for any reason, the medication is not given, (designate with "NG") indicate in the "comment" column.
- If NG, document the reason for not giving medication in the "comment" column

Medication Error
Incident Report

Child: _____ Date of Birth: _____

Child Care Facility: _____ Classroom: _____

Medications: _____ Dosage: _____

Time Medication to be administered: _____

Date of Incident: _____

Reason for Report: Missed medication, wrong medication, etc. Give a detailed report as to how incident happened:

_____

_____

_____

Action Taken/Intervention:

_____

_____

_____

_____

Describe how this incident could be avoided in the future:

_____

_____

_____

Name of parent/guardian who was notified: _____

Time/date of notification: _____

Printed name of person preparing report: _____

Signature of person preparing report: _____

Follow up contact/care: _____

Child Care Facility Director/Administrator signature:

_____

01/11/2017

Medication
Authorization Form

These forms are for your use. Do not return them with your application. *Keep in the child's file when medication is finished.

To be completed by Parent

Child's Name_____Date of Birth_____/_____/___

Program Name_____Today's Date_____/_____/___

****

To administer a prescription medication:

The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication, doctor's/nurse practitioners name, pharmacy name and telephone number

- Samples must be accompanied by a doctor's written prescription
- Medications are to be given only to the child indicated on the label (twins and siblings cannot share.)
- A separate authorization is required for *each medication* and *each episode* of illness
- Label constitutes the physicians/nurse practitioner's order
- Parent/Guardian is to give as many doses as possible at home.

Medication:_____

Reason for medication:_____

Start date_____/_____/___   End date_____/_____/____

Dosage:_____   Times to be given at child care is:_____AM_____PM

First dose was given at_____AM/PM on date____/____/____(Medication Log needs to reflect Parent's first dose
                                                                              for each day.)

Route: by mouth, skin (location)_____, eye (R/L)

Possible side effects:_____

Special handling/storage Instructions_____Refrigeration Y/N

Parent/Guardian Signature (required)_____

Physician/Nurse Practitioners Signature_____

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Non-Prescription Medication:

- Parent is required to bring these medications from home.
- Medication must be in an original container, with child's name on the container.

Medication:_____Health Care Provider_____

        "For children under 2, list the name of the health care provider who recommended this medication."

Reason for medication:_____

Start date_____/_____/___   End date_____/_____/____

Dosage:_____   Times to be given at child care:_____AM_____PM

Medication Log needs to reflect Parent's first dose for each
day)First dose was given at_____AM/PM on date____/____/____

Route: by mouth, skin (location)_____, eye (R/L)

Possible side effects:_____

Special handling/storage Instructions_____Refrigeration Y/N

Or discarded appropriately Y/N   Method Unused **medication**: returned to Parent Y/N Date _____/_____/_____

Parent/Guardian Signature (required)_____

By:_____   Date_____/_____/_____

01/11/2017

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth_____/_____/___
Program Name _____ Today's Date_____/_____/___

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I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

Δ   Diaper Rash Cream/Ointments

Δ   Insect Repellent

Δ   Sunscreen

Δ   Cortisone/Anti-Itch Creams/Ointments

Δ   Medicated Lip Treatments

Δ   OTC Antibiotic Creams/Ointments

Δ   Burn Creams/Sprays

Δ   Other Non-Ingestible OTC's: (Please Specify)_____

        Δ   _____
        Δ   _____
        Δ   _____

To administer a non-ingestible over the counter (OTC) medication:
• 	The OTC medication must be brought to the day care facility from the parent;
• 	The OTC medication must be in its original container, with a legible label, and expiration date of medication;
• 	The child's name must be on the original container

Special handling/storage Instructions_____Refrigeration Y/N

Parent/Guardian Signature (required)_____

This document must be updated on an annual basis.

Unused Medication: Returned to Parent Y/N	or	Discarded Appropriately (Circle one)
By:_____		Date_____/_____/_____

01/11/2017