

Check List
Petition for Special Medication Authorization
Please include facility name, address and license number

- Written order by Authorized Prescriber:**
 - Name, address, and date of birth of child
 - Date medication was ordered
 - Medication or drug name, dose, and method of administration
 - Time medication is to be administered
 - Date(s) the medication is to be started and ended
 - Relevant side effects and the authorized prescriber's plan for management if they occur
 - Notation if the medication is a controlled drug
 - Listing of any allergies, reactions to or negative interactions with foods or drugs
 - Specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given
 - Name, address, and telephone number of the authorized prescriber ordering the drug
 - Authorized prescriber's signature
 - Name, address, telephone number, signature, and relationship to the child of the parent(s) giving permission for the administration of the drug.
- Statement by the ***authorized prescriber*** indicating that the requested modality is the only reasonable means of providing medication; and that the administration must occur during hours of the child's attendance at the facility.
- Statement by the ***authorized prescriber*** that the proposed training is adequate to assure that the medication shall be administered safely and appropriately to the particular child.
- Review of the Petition for Special Medication Authorization by the program health consultant.
- Written training plan including:**
 - Full name, signature, title, license number, address, and telephone number of the physician, advanced practice registered nurse, physician assistant or registered nurse who shall provide the training.
 - Detailed outline of the curriculum areas to be covered in training including, but not limited to:

- Objectives
- Description of administration including principles and techniques
- Demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly
- Recognition of side effects and appropriate follow-up action
- Safe handling, including receiving medication from parent, and safe disposal
- Universal Precautions
- Proper storage
- Record keeping

Written permission from the child's parent/guardian

Other requested information from the Department

Program should have written policies and procedures for the administration of this medication for this individual child including, but not limited to, storage and labeling; record keeping; staff responsibilities and/or limitations; parent responsibilities; and staff training. These policies and procedures shall be available for review by the Department during site inspections or upon demand and shall reflect best practice.

*If the Department grants the petition, **NO** medication may be administered until after the proposed training program has been successfully completed and a written certification from the physician, advanced practice registered nurse, physician assistant or registered nurse who provided the training is submitted to the Department. The certificate shall include:*

Certification

Full name, signature, title, license number, address, and telephone number of the physician, advanced practice registered nurse, physician assistant or registered nurse who shall provide the training;

location and date(s) the training was given;

a statement by the trainer that the curriculum approved by the Department was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

the name, address, and telephone number of the person(s) who successfully completed the training.

Once the certification is received, the facility will be notified in writing by the Department that approval for the petition for special medication authorization is granted. Until then, unlicensed personnel will not be allowed to administer this medication.