

**Religiously Exempt School and Child Daycare Center**  
**Program Decision to Administer Medications**

Great Bridge Christian Academy (GBCA) has made the following decision regarding the administration of medications:

- ✓ I (or the medication administration trained (MAT) staff listed on the back of this form) WILL administer prescription and over-the-counter medications in accordance with the GBCA policy.

Provider's Name (please print): Clint Laney, School Principal

Facility Name: Great Bridge Christian Academy

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized Staff to Administer Prescription Medications**

GBCA will administer prescription and over-the-counter medications in accordance with the GBCA policy.

Only a provider who has successfully completed MAT training or has the appropriate licensure to administer medications, and is listed as a medication administrator on the back of this form, will be permitted to administer medications in my school.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that if a child in my program requires prescription medication to be administered rectally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

I understand that to be approved to administer prescription medication, all individuals listed in my PROGRAM'S DECISION REGARDING MEDICATION plan (unless the individual is licensed to administer prescription medications) must have a valid:

- Medication Administration Training (MAT) certificate;
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license; and
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license.

Medication Administrator(s)

MAT certificates (or documentation of licensure to administer prescription medications), age appropriate first aid certificates, and CPR certificates for the staff listed below will be kept on site and be available upon request.

Provider/Staff Name: **Clint Laney**

Provider/Staff Name: **Tammy Wynn**

Provider/Staff Name: **Amber Owens**

Provider/Staff Name: **Lawanda Harper**

Provider/Staff Name: **Amanda Buschman**

Provider/Staff Name: **Denise Porter**

#### Confidentiality Statement

Information regarding any child at our academy is confidential shall not be given to anyone except those persons authorized by law unless the child's parent or guardian gives written permission. Information regarding a child at our academy can be given to social services if the child is named in a reported case of suspected child abuse or mistreatment or as otherwise allowed by law.

#### Provider Statement

I understand that it is my responsibility to follow my PROGRAM'S DECISION REGARDING MEDICATION plan and all health and infection control regulations applicable to our academy.

I will verify and document credentials for all new staff certified to administer prescription medications prior to the staff being allowed to administer prescription medications to any child at our academy.

The PROGRAM'S DECISION REGARDING MEDICATION plan will be made available to parents at enrollment, whenever changes are made and upon request.