

## **Religiously Exempt Child Day Center** **Program Decision to Administer Medications**

My program has made the following decision regarding the administration of medications to a child in my program:

☒ I (or my staff) **WILL** administer prescription and non-prescription medications.

**Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.**

|   |  |
|---|--|
| Provider's Name (please print):<br><b>Sandra Chambers</b> | Facility Name:<br><b>Bethel Baptist Christian School</b> |
| Provider's Signature:                                     | Date:<br><b>January 27, 2026</b>                         |
| Parent's Signature:                                       | Date:  |

### **Authorized Staff to Administer Prescription Medications**

The program will administer prescription medications in accordance with the physician's or other prescriber's instructions and in accordance with the standards of practice in the MAT training. Only a provider who has successfully completed the MAT training or has appropriate licensure to administer prescription medications and is listed as a medication administrator in the *Program's Decision Regarding Medication Plan* will be permitted to administer prescription medications in my program.

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, vaginally, 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: Stephanie Costlow

Provider/Staff Name: Sandra Chambers

Provider/Staff Name: Margie Payne

Provider/Staff Name: Jennifer Schuster

**Confidentiality Statement**

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

**Rehabilitation Act of 1973**

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child (for further information on the Rehabilitation Act seek legal counsel and/or go to the following website:  
<http://www.dol.gov/oasam/regs/statutes/sec504.htm>

**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 my child day program.

I will verify and document the credentials for all new staff certified to administer prescription medications before the staff is allowed to administer prescription medications to any child in my child day program.

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