

Medication Administration at ErinoakKids Respite

All medications must be sent in the original prescription bottle with the proper labelling. *We can not accept medication in any other container.*

Staff will not accept medication that is expired or has been dispensed one year after the prescription fill date.

Clients with emergency medications will not be admitted if emergency medications are not provided or are expired.

If instructions from the parent/caregiver are different from the instructions on the medication label, a signed letter from the physician is required outlining changes to administer medication.

Medications sent in a pharmacy prepared dosette must include:

- Prescription labels with visual descriptions (see page 2 for proper labelling)
- Expected time of delivery
- Drug name
- Dose of medications contained within

Over-the-counter (OTC) medications will not have pharmacy labels, but must include:

- Medication name
- Medication concentration and route
- Date of expiry
- Client's name (must be written on the bottle clearly, with permanent marker)

Dosage instructions will be reviewed with parent/ caregiver.

Proper labelling for Prescription Medications

Labels must include:

- 1 Doctor's name
- 2 Drugstore phone number
- 3 Prescription fill date
- 4 Pharmacy name and address
- 5 Number used by the drugstore to identify this drug for your refills
- 6 Person who gets this drug
- 7 Instructions about how often and when to take this drug
- 8 Name of drug and strength of drug
- 9 Number of refills before certain date
- 10 Don't use drug past this date (preferred but may not be noted on your bottle)

The image shows a sample prescription label with ten numbered callouts pointing to specific fields:

- 1**: Doctor's name: DR C JONES
- 2**: Drugstore phone number: (800) 555- 5555
- 3**: Prescription fill date: Date: 06/25/26
- 4**: Pharmacy name and address: Local Pharmacy, 1234 STREET NAME, MISSISSAUGA, ON, XXX XXX
- 5**: Number used by the drugstore to identify this drug for your refills: No. 0060023-08291
- 6**: Person who gets this drug: JANE SMITH, 456 MAIN STREET ANYTOWN, ON, XXX XXX
- 7**: Instructions about how often and when to take this drug: TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS
- 8**: Name of drug and strength of drug: AMOXICILLIN 500MG CAPSULES
- 9**: Number of refills before certain date: NO REFILLS - DR AUTHORIZATION REQUIRED
- 10**: Don't use drug past this date (preferred but may not be noted on your bottle): USE BEFORE 06/23/12 SLF/SLF

Additional label details include a pharmacy logo, a barcode, and fields for QTY and MRG.