

**MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE MEDICATION AUTHORIZATION FORM**

Regulations permit child care providers to give prescription and non-prescription (over the counter) medication to children in care under certain conditions with prior permission from the child's parent. This form must be completed by an authorized prescriber for prescription and non-prescription medications given while in child care. A separate form is needed for each prescription or non-prescription medication to be administered to the child.

PRESCRIPTION MEDICATIONS AND NON-PRESCRIPTION MEDICATIONS: Prescription medication must be in a container labeled by the pharmacy or physician with the child's name, dose, strength, and expiration date. At least one dose of prescription medications must be given at home prior to the child's arrival at the child care facility. **Non-prescription** medications must be in the original manufacturer's container labeled with instructions for dosage and an expiration date. All medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever is more recently dated. **AN adult should bring the medication to the center/provider.**

Name of Child: _____ Date of Birth _____ Age: _____

This medication is being given for the following condition(s): _____

Prescriber's Authorization

Medication Name: _____ **Dose/amount:** _____ **Route:** _____

Time/frequency of administration: _____

Note common/expected side effects of this medication: _____

Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature: _____ Date _____
(Original signature or signature stamp Only)

(Use for Prescriber's Address Stamp)

PARENT/GUARDIAN AUTHORIZATION

I/We request that designated child care providers/or staff administer medication as prescribed by the above prescriber. I/We certify that I/We have legal authority to consent to medical treatment for the child named above, including administration of medication while in child care. I/We understand that at the end of the year, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone#: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

For school-age children only (age 6 and older), self carry/self administration of **emergency** medication (epi-pen or inhaler only) may be authorized by the prescriber and must be approved by the child care provider according to State policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____
Signature/Date

Child Care Provider approval for self carry/self administration of emergency medication: _____
Signature/Date

Order reviewed by the child care provider responsible for administering medication: _____
Signature/Date

