MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care MEDICATION AUTHORIZATION FORM

Regulations permit child care providers to give prescription and non-prescription medication to children in care under certain conditions with prior written permission (Section A) from the child's parent/guardian. 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 medications must be in a container labeled by the pharmacy or physician with the child's name, dosage, and expiration date. At least one dose of prescription medication 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 expiration date. Except for acetaminophen (Tylenol) and other topical medications, a provider may administer only one dose of non-prescription medication to a child per illness unless a licensed health practitioner provides written approval (Section B) for the administration of the non-prescription medication and the dosage. 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 are more recently dated. An adult should bring the medication to the center/provider.

SECTION A: (To be completed by parent/guardian for any medication to be administered to the child.)

DOSAGE

_____ Date of Birth: _____

WHEN TO GIVE

			START	STOP			
This medication is being given for the following condition(s):							
Note any side effects of thi	s medication:						
Note any reasons or condit	ions when this medication should	ld be stopped or not given:					
I/We request that designat	ed child care providers/or staff a	administer medication as note	ed on this form. I/We	certify that I/We have			
	o medical treatment for the child						
I/We understand that at the	e end of the year or if the medica	ation is discontinued or expire	ed, an adult must pick	up the medication,			
otherwise it will be discard	led.						
Signature of Parent/Guardian: Date:							
<u>SECTION B</u> : (To be completed by the Health Practitioner for approval to administer non-prescription medication more than one dose per illness, other than acetaminophen (Tylenol) or other topical medication.)							
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Name of Child:

MEDICATION

DATES TO ADMINISTER

MEDICATION ADMINISTERED

Except for the application of a non-prescription diaper rash treatment, sunscreen, or insect repellent supplied by the child's parent, each administration of a medication to the child shall be noted in the child's record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

Child's Nam	e:	Date of Birth:					
Medication:							
DATE	TIME	DOSAGE	REACTIONS OBSERVED (IF ANY)	SIGNATURE			