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

Child Care Program: _____

This form must be completed fully in order for child care providers and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.

 An adult must bring the medication t 	Child's Picture (Optional		
	PRESCRIBER'S AUTHORIZ	ZATION	
Child's Name:		Date of Birth:	
Condition for which medication is being administe	ered:		
Medication Name:	Dose:	Route:	
Time/frequency of administration:		If PRN, frequency:(PRN=as needed)	
If PRN, for what symptoms:		(
Possible side effects - Specify:			
Medication shall be administered from:	Month / Day / Year	to Month / Day / Year (not to exceed 1 year)	
Prescriber's Name/Title:(Type or pr	int)	_	
Telephone:FAX:			
Address:		_	
Prescriber's Signature:	 Date:	-	
(Original signature or signature)	gnature stamp ONLY)	This space may used for the Prescriber's Address Stamp	
I/We request authorized child care provider/staff that I/we have legal authority to consent to medic	cal treatment for the child nar	RIZATION as prescribed by the above prescriber. I/We certify med above, including the administration of medication full must pick up the medication, otherwise it will be	
Parent/Guardian Signature:		Date:	
Home Phone #:Cell F	Phone #:	Work Phone #:	
SELF CARRY/SELF ADMINISTRA	TION OF EMERGENCY ME	DICATION AUTHORIZATION/APPROVAL	
(Only school-aged childr Self carry/self administration of emergency med		arry/self administer medication.) authorized by the prescriber.	
Prescriber's authorization:	nature	Date	
Descrited annual controls	nature	Date	
	FACILITY RECEIPT AND R		
Madiantian was received from	FACILITY RECEIPT AND R	Data	
Special Heath Care Plan Received: YES			
•			
Medication was received by:Signature of Pers	son Receiving Medication and Re	eviewing the Form Date	
OCC 1216 (Revised 07/30/13 – All previous editions a	ro chaolata	Page 1 of	

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as: a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

Child's Name: Medication Name:				Date of Birth: Dosage:		
Route:				Time(s) to administer:		
DATE	TIME	DOSAGE	REACTIONS OF	BSERVED (IF ANY)	SIGNATURE	
				, ,		