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 to the facility.	Child's Picture (Optional)					
PRESCRIBER'S AUTHORIZATION						
Child's Name:	Date of Birth:					
Condition for which medication is being administered:						
Medication Name:Dose:	Route:					
Time/frequency of administration:	If PRN, frequency:					
PRN, for what symptoms:						
Possible side effects - Specify:						
Medication shall be administered from:	_to					
Month / Day / Year	Month / Day / Year (not to exceed 1 year)					
Prescriber's Name/Title:(Type or print)	—					
Telephone:FAX:						
Address:						
Prescriber's Signature:Date:	-					
(Original signature or <u>signature</u> stamp ONLY)	This space may used for the Prescriber's Address Stamp					
PARENT/GUARDIAN AUTHORIZATION I/We request authorized child care provider/staff to administer the 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 the administration of medication at the facility. I/We understand that at the end of the authorized period, 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 (Only school-aged children may be authorized to self carry/self administer medication.) Self carry/self administration of <b>emergency</b> medication noted above may be authorized by the prescriber.						
Prescriber's authorization:Signature	Date					
Parental approval:Signature						
	Date					
FACILITY RECEIPT AND						
Medication was received from:	Date:					
Special Heath Care Plan Received: YES NO						
Medication was received by:	Reviewing the Form Date					
OCC 1216 (Revised 07/30/13 – All previous editions are obsolete.)	Page 1 of 2					

## **MEDICATION ADMINISTERED**

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or nonprescription 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:				Date of Birth:		
Medication Name:				Dosage:		
Route:				Time(s) to administer:		
DATE	TIME	DOSAGE	<b>REACTIONS OF</b>	BSERVED (IF ANY)	SIGNATURE	