

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. 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 OCC approved topical medications, a provider may administer only one dose of nonprescription medication to a child per illness unless a licensed health practitioner provides written approval (Section B) of the administration of the nonprescription medication and the dosage. All medication shall be administered according to the instructions on the label of the medication container. If Section B is not signed by the health practitioner, the health practitioner may give oral permission and instructions to the parent directly. If oral permission and instruction is given, the parent must complete Sections B and C below.

Name of Child: _____ Date of Birth: _____

SECTION A:

MEDICATION	DOSAGE	WHEN TO GIVE	DATES TO ADMINISTER
			Start: _____ Stop: _____
This medication is being given for the following condition(s):			
ADDITIONAL INSTRUCTIONS (including instructions not given on the prescription):			
Note any side effects of this medication:			
Note any reasons or conditions when this medication should be stopped or not given:			
I authorize _____ to administer the above named medication to my child.			
Name of Child Care Provider or Facility: _____			
Signature of Parent/Guardian: _____			Date: _____

SECTION B:

PHYSICIAN'S APPROVAL IF MORE THAN ONE DOSE OF NON-PRESCRIPTION MEDICATION IS TO BE GIVEN (OTHER THAN OCC APPROVED TOPICAL MEDICATIONS)	
Instructions for more than one dose of a non-prescription medication:	
Note any side effects of this medication:	
Note any reasons or conditions when this medication should be stopped or not given:	
Signature of Health Practitioner:	Date:
Stamp, Print or Type Name of Health Practitioner:	Phone #:

SECTION C:

<i>If Section B is not signed by the health practitioner, the health practitioner may give oral permission and instructions to the parent directly. If oral permission and instruction is given, the parent must complete Section B and the following:</i>	
Name of Practitioner Giving Oral Advice to Parent:	Date:

MEDICATION ADMINISTERED

Except for the application of a nonprescription 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 Name:				Date of Birth:
Medication:				
DATE	TIME	DOSAGE	REACTIONS OBSERVED (IF ANY)	SIGNATURE