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.

 Prescription medication must be in a container lat. Non-prescription medication must be in the origin. 	nal container with the label intact.			
An adult must bring the medication to the facility.		Child's Picture		
PRESCRIBER	'S AUTHORIZATION			
Child's Name:	Date of Birth:			
Condition for which medication is being administered:				
Medication Name:	Dose:Route	ə:		
Time/frequency of administration:				
If PRN, for what symptoms:	(PRN=as needed)			
Possible side effects - Specify:				
Medication shall be administered from: Month / Day / Year	to			
		eed 1 year)		
Prescriber's Name/Title:(Type or print)				
Telephone: FAX:				
Address:				
Dragorikor's Cignoture.				
Prescriber's Signature:DateDate	e: DNLY) This space may used for the P	rescriber's Address Stamp		
	DIAN AUTHORIZATION	proporibor IMA portify		
I/We request authorized child care provider/staff to administer t that I/we have legal authority to consent to medical treatment fo at the facility. I/We understand that at the end of the authorized discarded.	or the child named above, including the adm	ninistration of medication		
Parent/Guardian Signature:	Date:			
Home Phone #: Cell Phone #:	Work Phone #:			
SELF CARRY/SELF ADMINISTRATION OF EME Self carry/self administration of emergency medication noted a				
Prescriber's authorization:				
Signature		Date		
Parental approval:Signature		Date		
FACILITY REC	CEIPT AND REVIEW			
Medication was received from:	Date:			
Special Heath Care Plan Received: YES NO				
Medication was received by: Signature of Person Receiving Medication				
Signature of Person Receiving M	ledication and Reviewing the Form	Date		
OCC 1216 (Revised 06/24/13 – All previous editions are obsole	lete.)	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 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:			Date of Birth:			
Medication Name:			Dosage:			
Route:			Time(s) to administer: BSERVED (IF ANY) SIGNATURE			
DATE	TIME	DOSAGE	REACTIONS O	BSERVED (IF ANY)		SIGNATURE

