

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 acetaminophen (Tylenol) and 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 OR Sections B and C may be completed by the provider if verbal permission is obtained from the health practitioner/designee. All medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written/verbal instructions, whichever are more recently dated.

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. <small style="margin-left: 100px;">Name of Child Care Provider or Facility</small>				
Signature of Parent/Guardian: _____			Date: _____	

SECTION B:

PHYSICIAN'S APPROVAL IF MORE THAN ONE DOSE OF <u>NON-PRESCRIPTION MEDICATION</u> IS TO BE GIVEN (OTHER THAN ACETAMINOPHEN (TYLENOL) OR 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/designee may give oral permission and instructions to the provider directly. If oral permission and instruction is given, the provider must complete Section B and the following:</i>	
Name of Practitioner/Designee giving approval:	Date:
Signature of person receiving approval from health practitioner/designee:	Time:

