MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form

This form must be completed fully in order for Child Care Providers/staff to administer the required medication and follow the plan. This authorization is NOT TO EXCEED 1 YEAR.

Page 1 is to be completed by the authorized Health Care Provider.

FOR SEIZURE/CONVULSION/EPILEPSY MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216

Place Child's Picture Here (Optional

CHILD'S NAME:			_Date of Bir	rth:/_	/	Date of Plan:		
Significant Medical/Health H	istory:							
Seizure Triggers or Warning S	Signs:							
Allergies:								
Seizure Care Informat	tion							
Seizure Type	1	Length (duration)		Frequency		Description		
eizure Emergency Protocol: F	How to respond to a sair	zuro ICho	 	annly)				
eizure Emergency Protocol.	·	zure (Che						
T First Aid - Stay Safe Side	a Irafar to rasourca de	ocumen	t "Spizura	First Aid G	uida"\			
•	•				•	ify narent or emergenc	v conta	
Call 911 for transport to					Not	ify parent or emergenc	y conta	
Call 911 for transport to Solution Call 911 for transport to Solution	der				Not	ify parent or emergenc	y conta	
Call 911 for transport to Solution Call 911 for transport to Solution	der nedications as indicate	ed below	v:	Other	Not	ify parent or emergenc Special Instructions	y conta	
Call 911 for transport to Notify Health Care Provices Administer emergency m	der nedications as indicate	ed below	v:	Other	Not		y conta	
Call 911 for transport to Notify Health Care Provid Administer emergency m	dernedications as indicate ngth Dosage	ed below Route,	v: ∕Method	Other	Not	Special Instructions	y conta	
Call 911 for transport to Notify Health Care Provid Administer emergency m	dernedications as indicate ngth Dosage	ed below Route,	v: ∕Method	Other	Not	Special Instructions	y conta	
Care after seizure: Does the	dernedications as indicate ngth Dosage e child need to leave t	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? □ Yes □	Special Instructions No	y conta	
Care after seizure: Does the	dernedications as indicate ngth Dosage e child need to leave to d? (describe)	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? Yes	Special Instructions No		
Call 911 for transport to Notify Health Care Provided Administer emergency manded Medication Name & Street Care after seizure: Does the What type of help is needed When can the child return to	dernedications as indicate ngth Dosage e child need to leave to describe) to care/resume regular	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? Yes	Special Instructions No		
Call 911 for transport to Notify Health Care Provided Administer emergency management Medication Name & Street Care after seizure: Does the	dernedications as indicate ngth Dosage e child need to leave to describe) to care/resume regular	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? Yes	Special Instructions No		
Call 911 for transport to Onotify Health Care Provided Administer emergency manded Medication Name & Street Care after seizure: Does the What type of help is needed When can the child return to	dernedications as indicate ngth Dosage e child need to leave to describe) to care/resume regular	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? Yes	Special Instructions No		
Call 911 for transport to Display Health Care Provided Administer emergency manded Medication Name & Street Care after seizure: Does the What type of help is needed When can the child return the pecial Considerations and I	dernedications as indicate ngth Dosage e child need to leave to describe) to care/resume regular	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? Yes	Special Instructions No		
Call 911 for transport to Display Health Care Provided Administer emergency manded Medication Name & Street Care after seizure: Does the What type of help is needed When can the child return to pecial Considerations and I	dernedications as indicate ngth Dosage e child need to leave to d? (describe) to care/resume regular Precautions (regardin	Route,	v: /Method room afte	Other Time & F r a seizure	requency ? Yes	Special Instructions No		

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Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form

Child's N	lame:	:Date of Birth:						·	
			PARENT/G	UARDIAN AUT	HORIZA	TION			
I authorize	the chile	d care staff to administer					nat I have the legal au	thority to consent to	
medical tre	eatment	for the child named abov	e, including the	administration	n of med	dication at	t the facility. I underst	and that at the end of	
	-	iod an authorized individu						horize child care staff	
and the au	thorized	prescriber indicated on t	his form to com	nmunicate in co	mplian	ce with HI	PAA.		
PARENT/GUARDIAN SIGNATURE			DATE (mm/dd/yyyy)		INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION				
FAREINT/GOARDIAIN SIGNATURE			D/(12 (11111)/dd/yyyy)		INDIVIDUALS ACTIONIZED TO FICK OF MEDICATION				
CELL PHONE #		HOME PHONE	E #		WORK PHONE #				
Emorgonov						Phono N	lumber to be used in a	eaco of Emorgoney	
Contact(s)	Emergency Contact(s) Name/Relationship					Phone Number to be used in ca		ase of Emergency	
Parent/Gua	rdian 1								
Parent/Gua	rdian 2								
Emergency	1								
Emergency	2								
			CHILE	CARE STAFF (JSE ONI	LY			
Child Care	1	. Medication named abov	e was received	. Expiration Da	te		☐ Yes ☐ No		
Responsibilit	ies: 2	. Medication labeled as re	equired by COM	1AR			☐ Yes ☐ No		
	3	. OCC 1214 Emergency Fo	orm updated				☐ Yes ☐ No		
4. OCC 1215 Health Inventory updated									
5. Staff has received additional training			_						
	_	If Yes: Trainer Name and					_ Date		
6. Staff approved to administer medication is available onsite, field trips									
7. Modified Diet/Exercise Plan ☐ Yes ☐ No ☐N/A 8. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP ☐ Yes ☐ No ☐N/A									
	8	. individualized Treatmen	t/Care Plan: Me	edical/Benavio	rai/IEP/I	IFSP	☐ Yes ☐ No ☐ N,	/A	
Reviewed by	y (printe	ed name and signature):					DATE (mm/dd/yyyy)	
	, ,,								
DOCUMENT MEDICATION ADMINISTRATION HERE									
DATE TIN	ME	MEDICATION	DOSAGE	ROUTE			CATION WAS GIVEN	SIGNATURE	