Maryland State Department of Education Office of Child Care Medication Administration Authorization Form

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

This form is required for both prescription and non-prescription/over-the-counter (OTC) medications. Prescription medication must be in a container labeled by the pharmacist or prescriber.

Non-prescription/OTC medication must be in the original container with the label intact per COMAR.

Place Child's Picture Here (optional)

PRESCRIBER'S AUTHORIZATION										
Child's Name:		Date of Birth:/								
Medication and Strength	Medication and Strength Dosage		Route/Method T		& Frequency	Reason for Medication				
Medications shall be administered from:/ to/										
If PRN, for what symptoms, how often and how long										
Possible side effects and special instructions:										
Known Food or Drug Allergies: Yes No If yes, please explain:										
For School Age children only: The child may self-carry this medication: ☐ Yes ☐ No										
The child may self-administer this medication: ☐ Yes ☐ No										
PRESCRIBER'S NAME/TITLE			Place Stamp Here (Optional)							
TRESCRIBER S WANTE, THEE				Flace Stamp Here (Optional)						
TELEPHONE	FAX									
12221110142										
ADDRESS	l									
PRESCRIBER'S SIGNATURE (Parent	/guardian cannot si	gn here) (original si	ignature or s	ignatur	re stamp only) D	ATE (mm/dd/yyyy)				
PARENT/GUARDIAN AUTHORIZATION										
I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I										
attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal										
authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I										
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Maryland State Department of Education Office of Child Care MEDICATION ADMINISTRATION LOG

Each administration of a medication to the child, whether prescription or non-prescription, including self-administration of medication by a child, shall be noted in the child's record. Keep this form in the child's permanent record as required by COMAR. Print additional copies of this page as needed.

Child's Name:				Date of Birth:			
Medication Name:				Dosage:			
Route:				Time to Administer:			
DATE ADMINISTERED	TIME	DOSAGE	ROUTE	REACTIONS OBSERVED (IF ANY)	SIGNATURE		