

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/guardian. 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 other topical medications, a provider may administer only one dose of non-prescription medication to a child per illness unless a licensed health practitioner provides written approval (Section B) for the administration of the non-prescription medication and the dosage. All medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. **An adult should bring the medication to the center/provider.**

Name of Child: _____ Date of Birth: _____ Age: _____

SECTION A: (To be completed by parent/guardian for any medication to be administered to the child.)

MEDICATION	DOSAGE	WHEN TO GIVE	DATES TO ADMINISTER	
			START	STOP
This medication is being given for the following condition(s):				
Note any side effects of this medication:				
Note any reasons or conditions when this medication should be stopped or not given:				
I/We request that designated child care providers/or staff administer medication as noted on this form. I/We certify that I/We have legal authority to consent to medical treatment for the child named above, including administration of medication while in child care. I/We understand that at the end of the year or if the medication is discontinued or expired, an adult must pick up the medication, otherwise it will be discarded.				
Signature of Parent/Guardian: _____			Date: _____	

SECTION B: (To be completed by the Health Practitioner for approval to administer non-prescription medication more than one dose per illness, other than acetaminophen (Tylenol) or other topical medication.)

MEDICATION	DOSAGE	WHEN TO GIVE	DATES TO ADMINISTER	
			START	STOP
This medication is being given for the following condition(s):				
ADDITIONAL INSTRUCTIONS:				
Note any side effects of this medication:				
Note any reasons or conditions when this medication should be stopped or not given:				
Health Practitioner's Signature: _____				Date: _____
Print, Type or Stamp: Name, Address, Phone number and Title of Health Practitioner:				

