

MARYLAND DEPARTMENT OF HUMAN RESOURCES
Child Care Administration
MEDICATION ORDER FORM

Regulations permit child care providers to give prescription and non-prescription medication to children in care under certain conditions. Prior written permission from the child's parent is a requirement. If possible, arrange the time of dosage so the child receives the medication at home. **Fill out a separate form for each prescription or non-prescription drug.**

NON-PRESCRIPTION MEDICATION: A child may receive only one dose per illness, except acetaminophen (Tylenol) and topical medication. A licensed health practitioner must approve the medication and dosage for the child to receive more than one dose.

PRESCRIPTION MEDICATION: Prescription medications must be in a container labeled by the pharmacy or physician with the child's name and expiration date. The child may receive medication only according to the written instructions of the health practitioner or the instructions on the medication label.

Name of Child: _____

This medication is being given for the following condition(s): _____

MEDICATION	DOSAGE	HOUR GIVEN	DATES TO ADMINISTER	
			START	STOP

Additional Directions: _____

I/We authorize _____ to administer the above named medication to my/our child.
 Name of Child Care Provider or Center

Signature of Parent: _____ Date: _____

COMPLETE ONLY IF NECESSARY	
Instructions for more than one dose of a non-prescription medication:	
Instructions for <u>prescription</u> medication, if different from instructions on label:	
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:
Printed or Typed Name of Health Practitioner:	Phone Number:
If this section is not signed by the health practitioner, oral permission from the health practitioner is required. Complete the following:	
Name of person receiving approval from health practitioner:	
Date:	Time: