MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

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.

PRESCRIPTION MEDICATIONS: 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 medication label, as show below.

NON-PRESCRIPTION MEDICATIONS: 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.

Name of Child: _____

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

MEDICATION	DOSAGE	WHEN TO GIVE	DATES TO ADMINISTER	
			START	STOP
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/We authorize _____ to administer the above named medication to my/our child.
Name of Child Care Provider or Facility

Signature of Parent: _____ Date: _____

COMPLETE ONLY IF MORE THAN ONE DOSE OF NON-PRESCRIPTION MEDICATION IS TO BE GIVEN	
Instructions for more than one dose of a non-prescription medication:	
Note any side effects of this medication:	
Note any reasons or conditons when this medication should be stopped or not given:	
Signature of Health Practitioner:	Date:
Stamp, Print or Type Name of Health Practitioner	Phone Number
If the above section is not signed by the health practitioner, the health practitioner/designee must give oral permission to the provider directly, and the provider must complete the following:	
Name of Practitioner or designee giving approval:	
Signature of person receiving approval from health practitioner:	Date: Time: