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SUMMER CLINICS MEDICATION 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
Additional Instructions: (including instructions not given on the prescription)				
Note any side effects of this medication:				
Note any reason or conditions when this medication should be stopped or not given:				

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
Additional Instructions: (including instructions not given on the prescription)				
Note any side effects of this medication:				
Note any reason or conditions when this medication should be stopped or not given:				
Print, Type or Stamp: Name, address, phone number and title of Health Practitioner:				

Health Practitioner Signature: _____ Date: _____

MEDICATION ADMINISTERED

Except for the application of a non-prescription diaper rash treatment, sunscreen, or insect repellent supplied by the child's parent, each administration of a medication to the child shall be noted in the child's record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

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