Maryland State Department of Education Office of Child Care

Allergy and Anaphylaxis Medication Administration Authorization Plan

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

Page 1 to be completed by the Authorized Health Care Provider.

FOR ALLERGY AND ANAPHYLAXIS MEDICATION ONLY - THIS FORM REPLACES OCC 1216

Place Child's Picture Here (optional)

| CHILD'S NAME: | John Hilliam Hag in | binis sub sets suppo | Date of Bi | rth:/ | / Date | of plan: | | |
|--|--|---|-------------------------------|--|--|--|--|--|
| Child has Allergy to | ane our gomerous | □Ingestic | | | Skin Contact □Sting | □Other | | |
| Child has had anaphylaxis: | . □ Yes □ No | | | | u je jeni bnajcistni. Historijaska iz l | Pedication acting acting to | | |
| Child has asthma: 🗌 Yes 🗆 | ☐ No (If yes, higher | chance severe read | ction) Child | | | CLICETALISE) A WIR DE DISCOCO | | |
| may self-carry medication: | : ☐ Yes ☐ No | | ۴. | | | enid's authorization to self-e | | |
| Child may self-administer r | nedication: \square Yes | □ No | | | | SUPPLIED IN THE STATE OF THE ST | | |
| Allergy and A | Allergy and Anaphylaxis Symptoms | | | | Treatment Order | | | |
| If child has ingested a food allergen, been stung by a bee or exposed to an allergy trigger | | | sed to an | Antihistamine :Oral /By Mouth Call Parent Call 911 | | Epinephrine(EpiPen) IM Injection in Thigh Call 911 Call Parent | | |
| is Not exhibiting or com | plaining of any syr | nptoms, OR | | | | L nelbysublymans? | | |
| Exhibits or complains of | any symptoms bel | ow: | and the second | | | 2 Malbigadythe is | | |
| Mouth: itching, tingling, | | | funny") | | 000-6,040-0-000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0 | 1 Typing jemis | | |
| Skin: hives, itchy rash, sw | | | | LEGISTIS CONTROL CONTROL CONTROL | | | | |
| Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough | | | | beviews as | Wileyana barana rasil | State to the state of the state | | |
| Lung*: shortness of breat | th, repetitive cougl | hing, wheezing | | A THE STATE OF THE | ta water barreta aya | | | |
| Heart*: weak or fast puls | | | olueness | 1 | | Land Killing | | |
| Gut: nausea, abdominal o | | | | | Marine Constitution of the | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Other: | | | | | Carry of the 13 besides | | | |
| If reaction is progressing (s | several of the abov | ve areas affected) | 80 3136 IDVE | 30452390013 | sgrinlar goz case ro | | | |
| *Potentially life thre | | | n quickly cha | Inge* | The state of the state of the state of | | | |
| Medication | Medication: Bra | | Dose | | Route | Frequency | | |
| Epinephrine(EpiPen) | | | | | | requertey | | |
| Antihistamine | 321 | SINISTERATION HE | A LA MORTA | DIQAM TRIAN | 1000 | | | |
| Other: | N) SIGNA | AA 9) GBVMB280 & | A 200 ASA | 311,01 | 30A200 MU | ADIGINAL BASS TRAIN | | |
| 2) Call 911: Ask fo3) Call parents. Ad4) Keep child lying5) Give other medi | rine right away! Not or ambulance with e lvise parent of the t | time that epinephrir the child vomits or | e rescue squa ne was given | ad when epine n and 911 was c | phrine was given. Sta called. ce child on his/her sid | | | |
| PRESCRIBER'S NAME/TITLE | | | | | Place | stamp here | | |
| TELEPHONE FAX | | | | | | | | |
| ADDRESS | | | | | | | | |
| PRESCRIBER'S SIGNATURE | | | | | | DATE (mm/dd/yyyy) | | |

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| Child's Name | 0210 | Habi Min imperioria | Date | of Birth: | erus 19010 ili yang 1933 sin | modication and f allow. | |
|--|---|---|---|--|---|--|--|
| | | | | | | | |
| The second secon | | PARENT/GI | UARDIAN AUTHORIZA | TION | | | |
| I certify that I have medication at the otherwise, it will b compliance with H | orized child care staff to e legal authority to conse facility. I understand tha e discarded. I authorize IPAA. I understand that on to self-carry/self-admi | nt to medical tre t at the end of th child care staff a per COMAR 13A. | eatment for the child n e authorized period an nd the authorized pres 15, 13A.16, 13A.17, an | amed ab n authori scriber in | ove, including the admir zed individual must pick dicated on this form to o | nistration of up the medication; communicate in | |
| PARENT/GUARDIAN SIGNATURE | | | DATE (mm/dd/yyyy) | INDIVIDUALS AUTHORIZED TO PICK UP MEDICA | | | |
| CELL PHONE # HOME PH | | HOME PHONE | NE # | | WORK PHONE # | | |
| Emergency Contact(s) | Name/Relationship | Call Parent Call 913 | | Phone | Number to be used in ca | se of Emergency | |
| Parent/Guardian 1 | | | | Ord arrest | termo van la anininhum | is Not settifities on co | |
| Parent/Guardian 2 | | | | | and the second and a second as | sodowen za dalidea | |
| Emergency 1 | | | 20 3 3 5 | | | | |
| Emergency 2 | | | 1 Annas argans | and settled a | and the factor of States and 12 | TO SHEET | |
| | | Se | ction IV. CHILD CARE | STAFF US | SE ONLY | | |
| Child Care 1. Medication named above was received ☐ Yes ☐ No | | | | | | ALCOHOLD BED BEAUTIFUL | |
| Responsibilities: 2. Medication labeled as required by | | | AR | | ☐ Yes ☐ No | ganto | |
| 3. OCC 1214 Emergency Card updated ☐ Yes ☐ No | | | | | ☐ Yes ☐ No | nd to report our : "gand | |
| 4 | I. OCC 1215 Health Inver | tory updated | | | ☐ Yes ☐ No | Habitt: week orlast | |
| 5 | 5. Modified Diet/Exercise | Plan | | | ☐ Yes ☐ No ☐N/A | Gutt nausca, abdoptin | |
| 6. Individualized Plan: IEP/IFSP ☐ Yes ☐ No ☐N/A | | | | | | Other | |
| 7 | 7. Staff approved to adm | inister medicatio | n is available onsite, fie | eld trips | ☐ Yes ☐ No | | |
| Reviewed by (print | ed name and signature | <u>e</u>): | | | pinting of Language | DATE (mm/dd/yyyy) | |
| | DO | DCUMENT MED | ICATION ADMINIST | RATION | HERE | Epinephyliae (r.ph/en) Aprilhistamine | |

| DATE | TIME | MEDICATION | DICATION DOSAGE | | REACTIONS OBSERVED (IF ANY) | SIGNATURE | |
|------|------------------------|--------------------------------|--------------------------------|--------------------|--|----------------------------------|--|
| | | | | | | EMERGERICY Responses | |
| | | | | administració. | wayî Note time when epinephrine was | differentiqeniqe bajei (L | |
| | 1 30 | er, Stay with th | 65 25W 6000 | id when epiner | ge with ephabhane. Advise resoue rau | 2) Call 911: Ask for ambuta | |
| | | | | is caw if the bas. | If of the time that epinephime was given | 976q 9avoA. ∠arang Re⊃, _ (& | |
| | | 5D18 45f3 | an ay opro | Data granada | R DROKE IT ID S CARD VORBES OF THE ROUDIE | Mizsia no sarytotno gosa. 14 | |
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| | | 13770470015.63615 | | | | JUNEAU CHARLES | |
| | | | | - Language | | | |
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| | | | | 10000 | Control of the Contro | | |