MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form

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 is to be completed by the authorized Health Care Provider.

FOR SEIZURE/CONVULSION/EPILEPSY MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216

Place Child's Picture Here (Optional

CHILD'S NAME:			Date of Bi	irth. /		Date of Plan:	Here was
Significant Medical/Health History:			entury area			THAN SIGNATURE	AUOTI
Seizure Triggers or Warning Signs:				# SNOH9 3	MON		KONE#
Allergies:			e manage and larg			micropolem	YORE
Seizure Care Information							75145 716176\1
Seizure Type	Length (durat	tion)	Frequer	ncy	Descrip		
					11 3 12 12 12	Status sectional size &	Cattle of the
Administer emergency medicati	r to resource o	document	: "Seizure	First Aid G	uide") □ Noti	ify parent or emergency	conta
□ First Aid – Stay. Safe. Side (refer □ Call 911 for transport to □ Notify Health Care Provider	r to resource o	document ted below:	: "Seizure	First Aid G Other	uide") □ Noti	ify parent or emergency	contac
First Aid – Stay. Safe. Side (refer Call 911 for transport to	ions as indicat Dosage	ted below: Route/I	"Seizure ": Method "coom after	Other Time & Fr	uide") Noti	ify parent or emergency Special Instructions	conta
First Aid – Stay. Safe. Side (refer Call 911 for transport to Notify Health Care Provider Administer emergency medicati Medication Name & Strength Care after seizure: Does the child reversely the Care with the Care of help is needed? (described) when can the child return to care/	ions as indicat Dosage need to leave	ted below: Route/I the classro	"Seizure "EMethod "Toom after	Other Time & Fi	requency	ify parent or emergency Special Instructions No	
First Aid – Stay. Safe. Side (refer Call 911 for transport to	ions as indicat Dosage need to leave	ted below: Route/I the classro	"Seizure "EMethod "Toom after	Other Time & Fi	requency	ify parent or emergency Special Instructions No	
First Aid – Stay. Safe. Side (refer Call 911 for transport to Notify Health Care Provider Administer emergency medication Name & Strength Fare after seizure: Does the child reward type of help is needed? (described the can the child return to care/pecial Considerations and Precaut	ions as indicat Dosage need to leave	ted below: Route/I the classro	"Seizure "EMethod "Toom after	Other Time & Fi	requency	ify parent or emergency Special Instructions No	

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Emergency	HOM			INDIVID	DUALS AUTHORIZED	ТО	PICK UP MEDICATION
Emergency		ME PHONE #			Wildelf Unit		
The second secon	Name/Relationship				WORK PHONE #		Significant Medica
				Phone N	umber to be used i	n cas	se of Emergency
Parent/Guardian 1							
Parent/Guardian 2					noitema	ntn	one Parintin2
Emergency 1	The carrier of the sky of orders only a constant to the experience has	na na sanata an		Part of the state of the	Contraction of the contract of the con-	No. Williams	
Emergency 2	Transferred to		Transport of the second	- 1/2/ 1/2			- 1917 2103130
		CHILD	CARE STAFF USE ONLY				
Responsibilities: 2. N 3. C 4. C 5. S 1 6. S 7. N	Medication named above was Medication labeled as requir OCC 1214 Emergency Form a OCC 1215 Health Inventory a Staff has received additional If Yes: Trainer Name and Titl Staff approved to administer Modified Diet/Exercise Plan Individualized Treatment/Car	red by COMA updated updated training to a e medication	dminister the medicati	d trips	☐ Yes ☐ No ☐ Yes ☐ No	N/A	Secure Unergency CT First And – 200, CT Cod Q1) for to CT Month Meelth CT Administrate on The distinct second
Reviewed by (printed	d name and signature):						DATE (mm/dd/yyyy)

DOCUMENT MEDICATION ADMINISTRATION HERE

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