

St. Ursula School/Extended Day Program
8900 Harford Road
Baltimore, Maryland 21234
410-665-3533

June 22, 2023

Dear Parents,

Extended Day is a program offered for before and after care. Below is information and guidelines, including the new rates, for this program. In order to have adequate staffing, we are asking all current school families who are intending to use Extended Day to register for next year by **July 27, 2023**. Extended Day will begin August 29, 2023. ***If you do not register by July 27th you will not be able to start until September 11th***. Registration information is attached and can also be found on the school website (www.stursula.org) under the "Academics" tab. Please return all forms via email to Niki Thoericht at nthoericht@stursula.org or mail to St. Ursula School, 8900 Harford Road, Baltimore, MD 21234.

Sincerely,
Niki Thoericht
Extended Day Director

Hours of Operation:

7:00 a.m. – 7:40 a.m.

2:50 p.m. – 6:00 p.m.

Registration Fees

Registration fees are non-refundable

One child	\$25.00
Two children	\$35.00
Three or more children	\$40.00

Current Fees Beginning August 2023 will remain the same and are as follows:

AM:	\$9.00 per morning	\$35.00 per week
PM:	\$17.00 per afternoon	\$70.00 per week
AM & PM:	\$95.00 per week	

Registration Requirements:

The following forms must be returned in order for your child(ren) to start on September August 29, 2023:

- Registration form

- Authorization form
- Emergency form, both pages 1 and 2. This form does not require a doctor's signature.
- Health Questionnaire

The following forms, **if applicable**, must be returned to school by July 27, 2023 in order for your child(ren) to start on August 29, 2023:

- Medication Administration Authorization Form (2 pages)
- Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Plan (2 pages)
- Asthma Action Plan

Please note, all medication forms have changed for the 2023-2024 school year. The attached forms are updated and are the only versions that are permitted by regulation. Any completed forms that are submitted using a prior version will be returned to you and may cause a delay in processing your registration. If you have any questions please contact Niki Thoeicht at nthoeicht@stursula.org.

The Extended Day Handbook is attached to provide you with valuable information regarding the program and to help answer any questions you might have.

2023-2024

**St. Ursula School Extended
Day Registration**

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

So that we may bill correctly, please check the time(s) that best suit your needs. You may choose a different option for morning and afternoon.

Morning: _____ Full Time _____ Part Time

Afternoon: _____ Full Time _____ Part Time

Billing is handled as follows:

Full Time: You will be billed at the beginning of the month for daily attendance. This option is for parents who will be using Extended Day on a daily basis.

Part Time: You will be billed at the end of the month for only the days your child is in attendance. This option is for parents who will not be using Extended Day on a daily basis.

_____ I have read the *Guide to Regulated Child Care* that was included with this registration packet.

_____ I have received and read the Extended Day Handbook

Attached is my non-refundable registration fee made payable to Saint Ursula Extended Day.

Parent's
Signature _____ Date _____

**SAINT URSULA EXTENDED DAY
AUTHORIZATION FORM**

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

The following people are authorized to sign out my child(ren) from Saint Ursula Extended Day Program. Please have the person(s) listed below bring a photo ID. Please include all parents/guardians.

1. Parent/Guardian (please print) _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

2. Parent/Guardian (please print) _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

List below others who are eligible for pick-up other than parent/guardian

* * * * *

3. Print Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

4. Print Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

5. Print Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

6. Print Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes: No:

Meals your child will receive while in care:
 BK LN SU AM Snk PM Snk Evng Snk

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:
 (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
 (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.
 NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
 Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
 Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

Name of Person Authorized to Pick up Child (daily) _____
 Last First Relationship to Child

Address _____
 Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES

(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
 Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

**EXTENDED DAY HEALTH QUESTIONNAIRE
2023-2024**

****Please complete one form in full for each child being registered.**

Student Name and Grade: _____

Parent Contact Information: _____

Mother: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

Father: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

1. Does your child have any medical conditions which should be brought to our attention:

No _____

Yes _____ (If yes, please complete #2)

2. If yes, please list below information regarding your child's condition. An Extended Day staff member will contact you to follow up regarding treatment, medication, additional required paperwork, etc. If additional space is needed, please continue on a separate sheet of paper.

For questions, concerns or to file a complaint contact your regional office

Resources

Anne Arundel	410-573-9522
Baltimore City	410-554-8315
Baltimore County	410-583-6200
Prince George's	301-333-6940
Montgomery	240-314-1400
Howard	410-750-8771
Western Maryland, Allegany, Garrett & Washington	301-791-4585
Upper Shore, Kent, Dorchester, Talbot, Queen Anne's & Caroline	410-819-5801
Lower Shore, Wicomico, Somerset & Worcester	410-713-3430
Southern Maryland, Calvert, Charles & St. Mary's	301-475-3770
Hartford & Cecil	410-569-2879
Frederick	301-696-9766
Carroll	410-549-6489

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at CheckCCMD.org.

For additional help, you may contact the Program Manager of the Licensing Branch at 410-569-8071.

Child Care Subsidy - Assists parents with cost of childcare
1-866-243-8796

Consumer Product Safety Commission (CPSC) - regulates certain products used in childcare
cpsc.org

Maryland EXCELS - Maryland's Quality Rating System for Childcare Facilities
marylandexcels.org

Maryland Developmental Disabilities Council - May assist with ADA issues
md-council.org

Maryland Family Network - Assists parents in locating childcare
Marylandfamilynetwork.org

PARTNERS Newsletter - What's happening in the Division of Early Childhood Development
Earlychildhood.Marylandpublicschools.org

To this site to check provider inspection violations
checkccmd.org



Larry Hogan, Governor

Karen B. Salmon, Ph.D.

State Superintendent of Schools

OCC 1524 (10/2018)

Guide to Regulated Child Care



Important

Information

About Child

Care Facilities

Who Regulates Child Care?

Child care in Maryland is regulated by the Maryland State Department of Education, Office of Child Care's (OCC), Licensing Branch.

The Licensing Branch's thirteen Regional Offices are responsible for all regulatory activities, including:

- Issuing child care licenses and registrations to child care facilities that meet state standards;
 - Inspecting child care facilities annually;
 - Providing technical assistance to child care providers;
 - Investigating complaints against regulated child care facilities;
 - Investigating reports of unlicensed (illegal) child care; and
 - Taking enforcement action when necessary.
- MDAR Regulations and other information about the Office of Child Care may be found at:
<http://childhood.marylandpublicschools.org/child-care-providers/office-child-care>



What are the Types of Child Care Facilities?

Family Child Care – care in a provider's home for up to eight (8) children

Large Family Child Care – care in a provider's home for 9-12 children

Child Care Center – non-residential care

Letter of Compliance (LOC) – care in a child care center operated by a religious organization for children who attend their school

All facilities must meet the following requirements:

- Must obtain the approval of OCC, fire department and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Family child care providers must maintain certification in First Aid and CPR;
- Child Care Centers must maintain a ratio of one staff certified in first aid and CPR per every twenty (20) children at all times;
- Must offer a daily program of indoor and outdoor activities;
- Must maintain a file with all required documentation for each enrolled child;
- Must post approved evacuation plans, conduct fire drills and emergency preparedness drills; and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, mental injury or injurious treatment.

Did You Know?

- Regulations that govern child care facilities may be found at:
<http://childhood.marylandpublicschools.org/regulation>
- The provider's license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A "Teacher" qualified person must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times in child care centers;
- Parents/guardian must be immediately notified if children are injured or have an accident in care;
- Child care facilities may have policies beyond regulatory requirements;
- OCC should be notified if a provider has violated care regulations;
- Parents/guardians may review the public portion licensing file; and
- The provider's compliance history may be reviewed on CheckCCMD.org.

ST. URSULA SCHOOL

2023-24

EXTENDED DAY HANDBOOK

Revised 06/22/2023

Philosophy/Goals

The Extended Day program is operated under the auspices of St Ursula School, with the same emphasis on children living out their Catholic faith in everyday life. The atmosphere is one of caring and concern while fostering personal and social growth in each child.

The Extended Day program strives to construct an enjoyable atmosphere with varying activities, including vigorous play, art activities, homework time, and indoor play. The children are served a nutritious snack and drink every day.

Admission Policies

Children must be enrolled in St Ursula School to be registered with Extended Day. Extended Day is a privilege, not a right. Parents and students must understand that they must obey the rules and regulations in order to continue in the program.

Registration is held prior to the start of each school year. Any registration received after the due date will be considered late. Students registered after the due date will not be permitted to attend Extended Day until the delayed start date. The due date and delayed start date will be determined prior to the start of registration. In order for students to attend Extended Day, all completed registration forms must be on file. Missing forms or information will delay admission to the program.

Billing

Daily and weekly rates are established prior to the beginning of the school year.

Full time participants will be billed for the current month at the beginning of the month. If school is closed for any reason or your child is absent, you will be billed for the lost time.

Part time participants are billed at the beginning of the following month for days in attendance the prior month.

Plan choice options are determined by the parent/guardian. If you wish to change your plan, it must be submitted in writing.

Billing is processed through your FACTS account monthly. Invoices must be paid by the 20th of the month. **FAILURE TO PAY IN FULL BY THE 20TH OF THE MONTH MAY RESULT IN SUSPENSION FROM THE PROGRAM UNTIL FULL PAYMENT IS RECEIVED.**

Hours of Operation

Morning 7:00-7:40 a.m.

Afternoon 2:50-6:00 p.m.

Extended Day closes at 6:00 PM under normal circumstances. This includes scheduled early dismissal days. Anyone picking up late will be charged a fee of \$1.00 per minute *per child*. Late fees are not billable. Fees are due at pick-up time. If the fee is not paid at pick-up, an invoice will be issued. Failure to pay a late fee invoice within 20 days will result in suspension from the program until paid in full.

Inclement Weather, Late Opening or Early Dismissal

Listen to WBAL and follow Baltimore County announcements for late openings or early dismissals. You can also check the website www.stursula.org. Baltimore County also has a website and app that will notify you of any dismissal announcements.

Delayed opening schedule:

Schools open 1 hour late, Extended day opens at 8:00 a.m.

Schools open 2 hours late, Extended Day opens at 9:00 a.m.

Early dismissal schedule:

If schools close 1 or 2 hours early, Extended Day closes at 4:00 p.m.

If schools close 3 hours early or a 12:10 dismissal due to inclement weather, Extended Day closes at 3:00 p.m.

If BCPS after school activities are canceled, Extended Day closes at 4:00 p.m.

Anyone registered with extended day is welcome to utilize the morning or afternoon program in the event of late opening or early dismissal.

Communication

Parents may not engage any of the Extended Day workers or students in conference or communication. Concerns should be brought to the attention of the Directors of the program.

If your child attends Extended Day, please do not email daily changes to Extended Day. Instead, please email any changes to the school office. Extended Day staff are not in the building during the school day.

Morning Drop Off

Morning Extended Day is held in the lunchroom. Drop off is at the first set of doors on Manns Avenue (doors closest to Harford Road to the left of the doors used to enter the school office). Drop off begins at and NOT BEFORE 7:00 AM. Parents are welcome to walk their child(ren) into the building as far as the interior doors. Parents may not enter the lunchroom at drop off time.

There is no food service/consumption of food or drink during morning Extended Day. Please have your child eat breakfast before arriving in the morning.

Morning Extended Day ends promptly at 7:40 AM. Any students arriving after 7:40 AM must enter the building using the Neifeld Avenue entrance and following the morning drop off procedures. Students may not be dropped off at the school office during morning arrival (7:40-8:10).

Afternoon Pick Up

An Authorization Form and an Emergency Form are required as part of the registration packet. Any person listed on either form will be permitted to pick up your student. Photo identification will be requested for verification. If a question arises, a phone call will be made to confirm pick up arrangements. Please make sure the information on all forms is complete and current. Children may not leave until they are signed out. Any changes in normal pick up arrangements must be submitted in writing.

Pick-up is held in the lunchroom. Parents may not enter the lunchroom during pick up. After signing out your child(ren), please wait in the hallway. Please do not enter the two classrooms located in this hallway.

Attendance

Attendance is taken as the students arrive at Extended Day. Students must come directly to Extended Day directly from their classrooms, unless they are attending an afterschool activity. Students attending an afterschool activity are marked in attendance once the activity ends and they arrive at Extended Day.

Once students are signed out of Extended Day or dismissed from school, they may not return until the following school day.

After School Activities

Students who are enrolled in afterschool activities are dismissed from their homerooms directly to that activity. After the activity ends, students that arrive at Extended Day are given a snack and must work on their assigned homework.

We do not escort students outside of the school building for any afterschool activities. Arrangements for escort must be made by parents for any activity held anywhere other than in the school building.

Daily Schedule

Normally, Extended Day operates on the following schedule Monday-Thursday. This may change due to special events, early closure due to inclement weather, or other unplanned events.

2:50-3:30 All students arrive and are served a snack and drink

3:30-4:15 Students in PreK through grade 3 go outside

Students in grades 4-8 inside for homework

4:15-5:00 Students in grades 1-3 inside for homework

Students in grades 4-8 go outside

Students in grades PreK and Kindergarten have play time from 3:10-5:00 Mon-Fri

There is no homework time on Fridays or, if school is closed on Friday, the last school day of the week. Students have play time from 3:30 -5:00.

Daily, at 5:00 all remaining students are gathered in the lunchroom.

This schedule is subject to change without notice.

On occasion we do show movies, have organized games, crafts, dancing, make use of the Wii, etc. Students remain with their assigned group during these activities.

Food Service

Students are provided a snack and drink daily upon arrival at afternoon Extended Day. Our snack schedule is posted in the lunchroom. ***Students may bring additional snacks and drinks to Extended Day. Please do not send soda or food that requires refrigeration.***

There is no food service ***during*** morning Extended Day. Students must eat breakfast prior to arrival.

Food Allergies

If your child has a documented food allergy, please supply an afterschool snack. Please send the snack in your child's lunchbox.

Homework

Students in grades 1-8 work independently on homework. They are supervised in a group setting monitored by staff members. If the students ask for help or have questions, we offer assistance. We do not check homework for accuracy or completion. Students must bring all books and materials needed to complete their assignments. Homework time is not an option. All students are expected to participate, have their own supplies, work quietly, and have a book to read in the event that they finish early. Students may not return to their classrooms for any reason after dismissal.

Playtime

All students have play time daily. We DO go outside daily. Please have your student dressed appropriately, especially for the cold weather. Hats, scarves, and gloves are encouraged. Girls

may wear sweatpants, pajama pants or leggings in addition to their jumper during Extended Day.

Uniform

Students must stay in their school uniform during Extended Day. They may change into tennis shoes upon arrival. It is the student's responsibility to remember to do so and secure their uniform shoes. We are not responsible if a student forgets to change shoes or loses shoes. Students may not change out of their uniform until after they are signed out for the day.

Health

If a student presents with an illness during Extended Day that warrants exclusion, the parents/guardian will be contacted. These illnesses include, but are not limited to: vomiting, fever, and diarrhea. If we are not able to contact a parent/guardian, we will contact an adult listed as authorized to pick up the student. The Health Room is notified when students are sent home due to illness. We do not contact parents/guardians for minor cuts, bruises, injuries or bathroom "accidents". Parents are notified at pick up time of minor incidents. The school nurse is not on duty during Extended Day hours.

Health/Medication Forms

If your child has a documented medical condition and/or requires medication during Extended Day, please notify the program directors. Extended Day must have completed Medication Administration forms on file to administer any medications. These are not the forms used by the school's Health Room. The forms may be found on the school's website. All prescribed medications must be in the original container from the pharmacy with the pharmacy label attached. Over the counter medication must be in the packaging clearly marked with the student's name.

Discipline

Any student who consistently misbehaves, is non-cooperative, or fails to comply with the stated rules will receive a written warning. This must be signed by both the student and a parent/guardian and returned within 2 days.

Three written warnings will result in a 3 day suspension from the program to be determined by school administration.

Time outs are used for younger students and are age appropriate. Students being uncooperative or argumentative during any activity will be removed from the activity for a brief period to regroup. The student will be given another opportunity to participate. If after two attempts are made and the problem continues, the student will be redirected to another activity.

General Rules

1. Each child is expected to participate in all activities.
2. No child is to leave a supervised area without expressed adult permission.
3. No foul language, profanity, inappropriate conduct or disrespectful behavior will be tolerated.
4. As stated in the school handbook, items such as toys, games, cell phones, personal electronic devices, radios, CD's or other articles from home are inappropriate in school and Extended Day and may not be used in Extended Day.
5. On occasion movies will be shown to the students. Selected movies are rated G or PG.
6. On occasion students will be permitted to play the Wii in a group setting.
7. All policies listed in the Student/Parent handbook also apply during Extend Day.
8. Students and parents may not go to the classrooms for any reason during Extended Day hours. Please do not ask any staff members for permission to do so.

EXTENDED DAY ADMINISTRATION

Directors: Niki Thoeicht (nthoeicht@stursula.org)

EXTENDED DAY PHONE NUMBER: 410-665-7036

(Only available from 7:00-7:40 am and from 2:30-6:00 pm.)

**Maryland State Department of Education
Office of Child Care
Medication Administration Authorization Form**

This form must be completed fully in order for Child Care Providers/staff to administer the required medication. **This authorization is NOT TO EXCEED 1 YEAR.**
This form is required for both prescription and non-prescription/over-the-counter (OTC) medications. Prescription medication must be in a container labeled by the pharmacist or prescriber. Non-prescription/OTC medication must be in the original container with the label intact per COMAR.

Place Child's
Picture Here
(optional)

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: ____/____/____

Medication and Strength	Dosage	Route/Method	Time & Frequency	Reason for Medication

Medications shall be administered from: ____/____/____ to ____/____/____

If PRN, for what symptoms, how often and how long _____

Possible side effects and special instructions: _____

Known Food or Drug Allergies: Yes No If yes, please explain: _____

For School Age children only: The child may self-carry this medication: Yes No

The child may self-administer this medication: Yes No

PRESCRIBER'S NAME/TITLE	Place Stamp Here (Optional)
TELEPHONE _____ FAX _____	
ADDRESS _____	

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) DATE (mm/dd/yyyy)

PARENT/GUARDIAN AUTHORIZATION

I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. **School Age Child Only: OK to Self-Carry/Self-Administer** Yes No

PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE # _____	HOME PHONE # _____	WORK PHONE # _____

CHILD CARE STAFF USE ONLY

- | | | |
|------------------------------|---|---|
| Child Care Responsibilities: | 1. Medication named above was received. Expiration date _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 2. Medication labeled as required by COMAR. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | 3. OCC 1214 Emergency Form updated. | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | 4. OCC 1215 Health Inventory updated. | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | 5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | 6. Staff approved to administer medication is available onsite, field trips | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Reviewed by (printed name and signature): _____	DATE (mm/dd/yyyy) _____
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Maryland State Department of Education
Office of Child Care

**Allergy and Anaphylaxis
Medication Administration Authorization Plan**

Place Child's Picture
Here (optional)

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

CHILD'S NAME: _____ Date of Birth: ____/____/____ Date of plan: _____
 Child has Allergy to _____ Ingestion/Mouth Inhalation Skin Contact Sting Other _____
 Child has had anaphylaxis: Yes No
 Child has asthma: Yes No (If yes, higher chance severe reaction) Child
 may self-carry medication: Yes No
 Child may self-administer medication: Yes No

Allergy and Anaphylaxis Symptoms	Treatment Order	
If child has ingested a food allergen, been stung by a bee or exposed to an allergy trigger	Antihistamine :Oral /By Mouth <input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911	Epinephrine(EpiPen) IM Injection in Thigh <input type="checkbox"/> Call 911 <input type="checkbox"/> Call Parent
is Not exhibiting or complaining of any symptoms, OR		
Exhibits or complains of any symptoms below:		
Mouth: itching, tingling, swelling of lips, tongue ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Other:		
If reaction is progressing (several of the above areas affected)		

Potentially life threatening. The severity of symptoms can quickly change

Medication	Medication: Brand and Strength	Dose	Route	Frequency
Epinephrine(EpiPen)				
Antihistamine				
Other:				

EMERGENCY Response:

- 1) Inject epinephrine right away! Note time when epinephrine was administered.
- 2) Call 911: Ask for ambulance with epinephrine. Advise rescue squad when epinephrine was given. Stay with child.
- 3) Call parents. Advise parent of the time that epinephrine was given and 911 was called.
- 4) Keep child lying on his/her back. If the child vomits or has trouble breathing, place child on his/her side.
- 5) Give other medicine, if prescribed.

PRESCRIBER'S NAME/TITLE		Place stamp here
TELEPHONE	FAX	
ADDRESS		

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) _____ DATE (mm/dd/yyyy) _____

Maryland State Department of Education
Office of Child Care
Allergy and Anaphylaxis
Medication Administration Authorization Plan

Child's Name: _____ Date of Birth: _____

PARENT/GUARDIAN AUTHORIZATION			
<p>I request the authorized child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication.</p>			
PARENT/GUARDIAN SIGNATURE		DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #	
Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency	
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			
Section IV. CHILD CARE STAFF USE ONLY			
Child Care Responsibilities:	1. Medication named above was received 2. Medication labeled as required by COMAR 3. OCC 1214 Emergency Card updated 4. OCC 1215 Health Inventory updated 5. Modified Diet/Exercise Plan 6. Individualized Plan: IEP/IFSP 7. Staff approved to administer medication is available onsite, field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewed by (printed name and signature):			DATE (mm/dd/yyyy)

DOCUMENT MEDICATION ADMINISTRATION HERE

DATE	TIME	MEDICATION	DOSAGE	ROUTE	REACTIONS OBSERVED (IF ANY)	SIGNATURE

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

1. CHILD'S NAME (First Middle Last) _____ 2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____ 3. Child's picture (optional)

Section I. ASTHMA ACTION PLAN – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER

4. ASTHMA SEVERITY: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise Induced Peak Flow Best ____%

5. ASTHMA TRIGGERS (check all that apply): Colds URI Seasonal Allergies Pollen Exercise Animals Dust Smoke Food Weather Other _____

6. This authorization is NOT TO EXCEED 1 YEAR FROM ____/____/____ TO ____/____/____ 7. SCHOOL AGE ONLY: OK to Self-Carry/Self Administer Yes No
FOR ASTHMA MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216

GREEN ZONE - DOING WELL: Long Term Control Medication - Use Daily At Home unless otherwise indicated

The Child has ALL of these

Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Breathing is good				
<input type="checkbox"/> No cough or wheeze				
<input type="checkbox"/> Can walk, exercise, & play				
<input type="checkbox"/> Can sleep all night				
If known, peak flow greater than _____ (80% personal best)				

Exercise Zone CALL 911 CALL PARENT OTHER:

Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Prior to all exercise/sports				
<input type="checkbox"/> When the child feels they need it				

YELLOW ZONE - GETTING WORSE CALL 911 CALL PARENT OTHER: _____

The Child has ANY of these

Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Some problems breathing				
<input type="checkbox"/> Wheezing, noisy breathing				
<input type="checkbox"/> Tight chest				
<input type="checkbox"/> Cough or cold symptoms				
<input type="checkbox"/> Shortness of breath				
<input type="checkbox"/> Other: _____				
If known, peak flow between _____ and _____ (50% to 79% personal best)				

RED ZONE - MEDICAL ALERT/DANGER CALL 911 CALL PARENT OTHER:

The Child has ANY of these

Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Breathing hard and fast				
<input type="checkbox"/> Lips or fingernails are blue				
<input type="checkbox"/> Trouble walking or talking				
<input type="checkbox"/> Medicine is not helping (15-20 mins?)				
<input type="checkbox"/> Other: _____				
If known, peak flow below _____ (0% to 49% personal best)				

Maryland State Department of Education
Office of Child Care
ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

CHILD'S NAME (First Middle Last) _____

DATE OF BIRTH (mm/dd/yyyy) ____/____/____

Section II. PRESCRIBER'S AUTHORIZATION – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER
Place Stamp Here

8. PRESCRIBER'S NAME/TITLE		
TELEPHONE	FAX	
ADDRESS		
CITY	STATE	ZIP CODE

9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)
(original signature or signature stamp only)

9b. DATE (mm/dd/yyyy)

Section III. PARENT/GUARDIAN AUTHORIZATION – MUST BE COMPLETED BY THE PARENT/GUARDIAN

I authorize the childcare staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize childcare staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the childcare program may revoke the child's authorization to self-carry/self-administer medication.

School Age Child Only: OK to Self-Carry/Self-Administer Yes No

10a. PARENT/GUARDIAN SIGNATURE	10b. DATE (mm/dd/yyyy)	10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
10d. CELL PHONE #	10e. HOME PHONE #	10f. WORK PHONE #

Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency
Parent/Guardian 1		
Parent/Guardian 2		
Emergency 1		
Emergency 2		

Section IV. CHILD CARE STAFF USE ONLY – MUST BE COMPLETED BY THE CHILD CARE PROGRAM

Child Care Responsibilities:

1. Medication named above was received	Expiration date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Medication labeled as required by COMAR		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. OCC 1214 Emergency Form updated		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OCC 1215 Health Inventory updated		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Modified Diet/Exercise Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Staff approved to administer medication is available onsite, field trips		<input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewed by (printed name and signature): _____ DATE (mm/dd/yyyy)

**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 Birth: ___/___/___ Date of Plan: _____
Significant Medical/Health History: _____
Seizure Triggers or Warning Signs: _____
Allergies: _____

Seizure Care Information

Seizure Type	Length (duration)	Frequency	Description

Seizure Emergency Protocol: How to respond to a seizure (Check all that apply)

- First Aid – Stay. Safe. Side (refer to resource document “Seizure First Aid Guide”)
 Call 911 for transport to _____ Notify parent or emergency contact
 Notify Health Care Provider _____ Other _____
 Administer emergency medications as indicated below:

Medication Name & Strength	Dosage	Route/Method	Time & Frequency	Special Instructions

Care after seizure: Does the child need to leave the classroom after a seizure? Yes No

What type of help is needed? (describe) _____

When can the child return to care/resume regular activity? _____

Special Considerations and Precautions (regarding activities, sports, trips, etc.) _____

PRESCRIBER'S NAME/TITLE		Place stamp here	
TELEPHONE	FAX		
ADDRESS			
PRESCRIBER'S SIGNATURE (original signature or signature stamp only)		DATE (mm/dd/yyyy)	

**MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
Seizure/Convulsion/Epilepsy Disorder
Medication Administration Authorization Form**

Child's Name: _____ Date of Birth: _____

PARENT/GUARDIAN AUTHORIZATION			
I authorize the child care staff to administer the medication as prescribed above. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.			
PARENT/GUARDIAN SIGNATURE		DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #		WORK PHONE #
Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency	
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			
CHILD CARE STAFF USE ONLY			
Child Care Responsibilities:	1. Medication named above was received. Expiration Date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Medication labeled as required by COMAR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. OCC 1214 Emergency Form updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. OCC 1215 Health Inventory updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5. Staff has received additional training to administer the medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
	If Yes: Trainer Name and Title _____	Date _____	
	6. Staff approved to administer medication is available onsite, field trips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7. Modified Diet/Exercise Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
	8. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Reviewed by (printed name and signature):			DATE (mm/dd/yyyy)

DOCUMENT MEDICATION ADMINISTRATION HERE

DATE	TIME	MEDICATION	DOSAGE	ROUTE	REASON MEDICATION WAS GIVEN	SIGNATURE