



Find below a list of all medical forms required for enrollment. Forms 1 through 4 are required for all enrollees. Forms 5 through 10 are for enrollees with specific needs. You can download the latest version at the link provided.

1. IMMUNIZATION CERTIFICATE

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmf_896_-_february_2014.pdf

2. BLOOD LEAD TESTING CERTIFICATE

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmf_4620_bloodleadtestingcertificate_2016.pdf

Instructions: Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form

3. EMERGENCY FORM

<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ-1214-emergencyform.pdf>

Instructions: (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.

4. HEALTH INVENTORY FORM

<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1215-healthinventory.pdf>

Instructions: Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form. See form for additional instructions.

5. MEDICATION ADMINISTRATION AUTHORIZATION FORM

(This form is only for children who receive medication)

<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf>

6. ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

(This form is only for children with asthma who receive medication)

<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216a-seizuremedicationadministrationauthorizationform.pdf>

Instructions: This Asthma Action Plan must be completed by the Health Care Provider. See form for additional instructions

7. ALLERGY AND ANAPHYLAXIS MEDICATION ADMINISTRATION AUTHORIZATION PLAN

(This form is only for children who receive allergy and anaphylaxis medication)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ_1216b-medicationincidentreportingform.pdf

Instructions: This form must be completed in full. Page 1 to be completed by the Authorized Health Care Provider. See form for additional instructions.

8. SEIZURE/CONVULSION/EPILEPSY DISORDER MEDICATION ADMINISTRATION AUTHORIZATION FORM

(This form is only for children who receive seizure, convulsion, or epilepsy medications)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ_1216c_seizure_emergency_medication_form_may_2022_final.pdf

9. TOPICAL BASIC CARE PRODUCT APPLICATION AUTHORIZATION FORM

(This form is required for topical basic care products such as a diaper rash product, sunscreen, or insect repellent)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ_1216e_-_topical_product_application_approval.september_2022.pdf

10. INDIVIDUALIZED TREATMENT/CARE PLAN CHECKLIST FOR SPECIALIZED SERVICES

(This form is only for children with special health care needs and/or individualized treatment care plans, procedures, or medications).

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ_1216d_special_health_condition-individualized_care_checklist-september_2022.pdf