



## **ASTHMA MEDICATION SUBMISSION INSTRUCTIONS**

If the Part 2 Medical Evaluation indicates asthma of any type, Connecticut OEC licensing regulations require that an inhaler and medication authorization form (MAF) is provided **OR**,

a statement from the health care provider indicating that the child will not need an inhaler during their time at the ERfC program. The statement must reference specific beginning and ending dates to which the statement applies. **THERE ARE NO EXCEPTIONS TO THIS REQUIREMENT.**

### **PRESCRIPTION SPECIFICS REQUIRED BY CONNECTICUT OFFICE OF EARLY CHILDHOOD STATE LICENSING:**

1. The prescriber's order must be specific - NO RANGES ARE ACCEPTED for medication amounts or times of administration.
2. The medication name on the order **MUST** match the medication provided. Generic drug names are preferred.
3. The MAF parental/guardian authorization boxes must be initialed (NO CHECK MARKS) in addition to the parent/guardian signature.
4. The medication prescription label must match the MAF order **EXACTLY**.
4. The Asthma Action Plan must match the physician's medication order exactly.

**ALL INHALERS MUST BE DELIVERED TO THE ERFC ADMINISTRATIVE OFFICE AT 174 SOUTH RD, SUITE 200, AT LEAST 5 BUSINESS DAYS BEFORE ATTENDING ANY PROGRAM.**

### **MEDICATION CHECKLIST:**

1. An authorization to administer the medication (MAF) completed by the prescriber and signed by the parent or guardian.
2. The medication, in the original container, clearly labeled and not expired, placed into a sealed, Zip lock-type bag labeled with the child's name.
3. **The MAF order MUST match the prescription order on the medication's container.**
4. A completed ERfC Asthma Action Plan form signed by the parent or guardian, or Asthma Action Plan form provided by prescriber and signed by the parent or guardian.

**All forms may be obtained by calling 860-253-9935, email to [mychild@erfc.us](mailto:mychild@erfc.us), or printed off the ERfC website at [www.erfcinc.org](http://www.erfcinc.org).**