

CHILD DAY PROGRAM TO COMPLETE THIS SECTION (#21-#26)

21. Provider/Facility name:	22. Facility telephone number:
23. I have verified that #1-#20 and if applicable, #27-#28 are complete. My signature indicates that all information needed to give this medication has been given to the child day program.	
24. Authorized child care provider's name (please print):	25. Date received from parent:
26. Authorized child care provider's signature:	

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#27-#28)

27. Describe any additional training, procedures or competencies the child day program staff will need to care for this child: _____ _____
28. Licensed Authorized Prescriber's Signature: