

Family, Friend & Neighbor
Child Care
Medication Administration Attestation

The authority for the Medication Administration Attestation is MCA 52-2-736

I, _____, the Provider, acknowledge that I have discussed with the parent about administering medication while their child or children are in my care. I will log the medication on a Medication Administration Log as given to the child or children while in my care.

I, _____, the Parent, will sign a Medication Authorization form for each prescription and non-prescription medication to be given to my child or children while in the care of the provider.

By signing below, I state that I have read, discussed and understand the above information.

Provider Signature

Date

Parent Signature

Date