By signing below, I stat	e tnat i nave read, dis		ioimation.
		cussed and understand the above in	formation
children while in the c		ion medication to be given to my c	inta or
l,		, the Parent, will sign a Medication	
to the child or childre	n while in my care.		
•		a Medication Administration Log as	given
	rent about administerii	ng medication while their child or c	hildren
•		$\underline{\ \ \ }$ the Provider, acknowledge that I	have