

PARENT COMPLETE THIS SECTION

17. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name):	
18. Parent's Name (please print):	19. Date Authorized: / /
20. Parent's Signature: X	

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION

21. Program Name: Park Avenue Synagogue Early Childhood Center	22. Facility ID Number:	23. Program Telephone Number: 212-369-2600
24. I have verified that (#1-20) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
25. Staff's name (please print):	26. Date received from Parent: / /	
27. Staff Signature: X		