



***Competency Statement***

I, \_\_\_\_\_ have determined  
(Parent/Guardian Name)

Blessed Sacrament School Staff competent to give or apply

medication to my child(ren). I understand that Child Care Center

and Preschool Directors have the responsibility to assess the ability

of staff to give or apply medication safely and may give

medication to my child(ren).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian