

Medication Competency Statement/Record

Child's Name	Site		Date	
Parent/Guardian name		Relationship to Child:		
I,(Parent/Guardian's name)	have determined that	(Spark Site)	Spark staff are competent to	give or apply
medication to my child,(Chil	, in ag d's Name)	reement with the statem	ents written below. I understand	hat Spark Site
Directors have the responsibility to assess the	ne ability of staff to give or apply m	edication safely and may g	give or apply medication to my ch	ild in accordance with
the "5 rights" as required in Nebraska statut	es 71-6718 through 6742, which ar	e: 1) the right drug; 2) the	right recipient; 3) in the right do	se; 4) by the right
route; 5) at the right time. Furthermore, I ag (Signature of Parent/Guardian)	ree to provide Spark with the med	ication indicated below as (Date)	prescribed by a doctor.	
	Parent ⁻	Го Fill Out		
Medication	Do	sage	ge Time(s) to administer	
	↓ Spark Sta	iff Use only ↓		
Dosage Administered		Staff Name	Date	Time