



**CHILD CARE IN YOUR HOME (CCYH) FEE ASSISTANCE  
MEDICATION STATEMENT**

<b>***This form is used by parents to decline medication administration during CCYH child care***</b>
<b>Name of Sponsor:</b>
<b>Name of person completing form:</b>
<b>Relationship to Sponsor</b> <i>(e.g., spouse or legal guardian):</i>
By signing this form, I hereby acknowledge that I <u>do not</u> wish for my qualifying child(ren) listed below to be administered medication by my CCYH provider during CCYH child care.  I further acknowledge that if these circumstances change, I understand that I must complete an <i>Authorization to Administer Medication</i> form <u>prior to</u> my provider administering medications.
<b>Name of Child</b>
1)
2)
3)
4)
5)
6)
Signature:
Relationship to child(ren) listed above:
Date: