

Certificate of Attendance

(Disclaimer: This is not a certificate of competency)

Presented to:

_____ (Name of Participant)

For participating in:

**Healthy Futures: Improving Health Outcomes for Young Children
Medication Administration in Early Education and Child Care Settings**

For a total of _____ (# of hours to complete session) contact hours on ____/____/____ (Date)
CDA Content Area: #1

Presented by: _____ (Print Instructor Name)

*Sponsored by:
The American Academy of Pediatrics
Healthy Child Care America*

_____ Date

_____ Instructor Signature