

## AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS

**Use of form:** This form is **mandatory for family child care centers** to comply with HFS 45.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of HFS 46.07(6)(f)1.a. and HFS 55.44(6)(e)1.a., Wis. Admin. Codes. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

**Instructions:** This form shall be completed and signed by the parent or guardian before any medication is administered. Place form in child's file when medication is no longer required / authorized. Log the dates and times medication was administered in the center medical log.

Name – Child Care Center

Name – Child

Birthdate (mm/dd/yyyy)

### MEDICATION

| Name – Medication | Dosage | Time of Day Administered                                | How Administered | Dates – Medication Time Period |    |
|-------------------|--------|---|------------------|--------------------------------|----|
|                   |        |   |                  | From                           | To |
|                   |        | <input type="checkbox"/> AM <input type="checkbox"/> PM |                  |                                |    |
|                   |        | <input type="checkbox"/> AM <input type="checkbox"/> PM |                  |                                |    |
|                   |        | <input type="checkbox"/> AM <input type="checkbox"/> PM |                  |                                |    |
|                   |        | <input type="checkbox"/> AM <input type="checkbox"/> PM |                  |                                |    |

Additional information / special instructions – Specify

### AUTHORIZATION

I hereby authorize administration of the above medication(s) to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian

Date Signed