

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			

Yes No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

 Name – OTC Medication

 Parent Initials

 Additional information / special instructions / contraindications – 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