

AUTHORIZATION TO ADMINISTER MEDICATION

Use of form: This form is mandatory for child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a. and DCF 202.08(4)(f) and 202.09(5)(c)., Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in child's file when medication is no longer required / authorized. Personal information you provide may be used for secondary purposes [Privacy Law, .15.04(1)(m), Wisconsin Statutes].

Personal information

Student Name _____

Birthdate _____

Medication Information:

Medication shall be in the original container and labeled with the child's name.

Name-medication	Dosage	Frequency of administration	Route of Administration	Physician	RX#	Poss/adv. Reactions.	Date Prescribed

I hereby authorize administration of the above medication to my child by staff of Christ Church.

Signature – Parent or Guardian

_____ **Date:** _____