# Authorization to Administer Medication – Child Care Centers

**Use of form:** This form is mandatory for family child care centers to comply with DCF 260.07(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 261.07(6)(f)1.a., DCF 262.44(6)(e)1.a. and DCF 202.09(4)(f) and 202.09(5)(c), Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.16.04(1)(m), Wisconsin Statutes].

**Instructions:** When a parent is requesting prescription or non-prescription medication be administered 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 form in child’s file when medication is no longer required / authorized.

**Licensed Child Care Centers:** Log the dates and times medication was administered in the center medical log. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent.

## A. Facility and Child Information

### Name – Child Care Center
- Montessori School of Waukesha
- 2600 Summit Avenue
- Waukesha

### Name – Child

### Birthdate (mm/dd/yyyy)

## B. Medication Information:

Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

<table>
<thead>
<tr>
<th>Name – Medication</th>
<th>Dosage</th>
<th>Time(s) of Day to be Administered</th>
<th>How to be Administered</th>
<th>Dates – Medication Time Period From</th>
<th>To</th>
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<tbody>
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</table>

**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.

## C. Authorization

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

### Signature – Parent or Guardian

### Date Signed