

## AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS INSTRUCTIONS FOR USE

**Use of form:** This form is mandatory for family 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, s.15.04(1)(m), Wisconsin Statutes].

### **CERTIFIED CHILD CARE CENTERS:**

This form is voluntary for certified providers; however, completion of *Page 1 Medication Information and Authorization* and *Page 2 Documentation of Medication Administration – Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f) and 202.09(5)(c)., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on *Page 2 Documentation of Medication Administration – Certified Child Care Providers*. Lines should not be skipped.

### **LICENSED FAMILY CHILD CARE CENTERS:**

*Page 1 Medication Information and Authorization* is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*.

*Page 2 Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. 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. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

### **LICENSED GROUP CHILD CARE AND DAY CAMPS:**

*Page 1 Medication Information and Authorization* is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign *Page 1 Medication Information and Authorization*.

*Page 2 Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. 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. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
MEDICATION INFORMATION AND AUTHORIZATION**

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center

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.

| Name – Medication | Dosage | Time(s) of Day to be Administered                       | How to be 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.

**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

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
DOCUMENTATION OF MEDICATION ADMINISTRATION – CERTIFIED CHILD CARE PROVIDERS**

**Instructions:** This section is to be completed only by **certified child care providers** to document the actual administration of the medication. Lines should not be skipped.

|     | <b>Date Administered</b> | <b>Time Administered</b> | <b>Dosage</b> | <b>Signature / Initials of Person Who Administered the Medication</b> |
|-----|--------------------------|--------------------------|---------------|---|
| 1.  |                          |                          |               |   |
| 2.  |                          |                          |               |   |
| 3.  |                          |                          |               |   |
| 4.  |                          |                          |               |   |
| 5.  |                          |                          |               |   |
| 6.  |                          |                          |               |   |
| 7.  |                          |                          |               |   |
| 8.  |                          |                          |               |   |
| 9.  |                          |                          |               |   |
| 10. |                          |                          |               |   |
| 11. |                          |                          |               |   |
| 12. |                          |                          |               |   |
| 13. |                          |                          |               |   |
| 14. |                          |                          |               |   |
| 15. |                          |                          |               |   |
| 16. |                          |                          |               |   |
| 17. |                          |                          |               |   |
| 18. |                          |                          |               |   |
| 19. |                          |                          |               |   |
| 20. |                          |                          |               |   |
| 21. |                          |                          |               |   |
| 22. |                          |                          |               |   |
| 23. |                          |                          |               |   |
| 24. |                          |                          |               |   |
| 25. |                          |                          |               |   |
| 26. |                          |                          |               |   |
| 27. |                          |                          |               |   |
| 28. |                          |                          |               |   |
| 29. |                          |                          |               |   |
| 30. |                          |                          |               |   |