

## INFORMED CONSENT FOR OBSERVATION OR TESTING BY AN OUTSIDE AGENCY LICENSED CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 251.04(6)(a)7. and DCF 252.41(4)(a)5. of the Wisconsin Administrative Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete this form prior to observation or testing of a child by an outside agency. Maintain form in child's file for duration of child's attendance.

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Name – Sponsor (Person Doing the Observation or Testing)

Date of Project (mm/dd/yyyy)

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Nature of Observation or Testing (e.g., Hearing, Vision)

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Purpose of Observation or Testing – Specify.

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Proposed Use of Observation or Testing Results

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I hereby give \_\_\_\_\_ my consent to have

Name – Sponsor

\_\_\_\_\_ participate in the observation or testing named above.

Name – Child

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**SIGNATURE** – Parent or Guardian

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Date Signed