



## Learning Edge Childcare & Preschool AUTHORIZATION TO ADMINISTER MEDICATION

### A. FACILITY AND CHILD INFORMATION

Name – Child Care Center

**LEARNING EDGE CHILDCARE & PRESCHOOL**

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. A separate form shall be used for each medication. Learning Edge cannot administer the initial dosage of a medication, except with a physician's written permission for life-threatening situations.

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			

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

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education  
DCF-F-CFS0059-E (Rev. 08/2010)

dcf.wisconsin.gov



## Learning Edge Childcare & Preschool AUTHORIZATION TO ADMINISTER MEDICATION

### A. FACILITY AND CHILD INFORMATION

Name – Child Care Center

**LEARNING EDGE CHILDCARE & PRESCHOOL**

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. A separate form shall be used for each medication. Learning Edge cannot administer the initial dosage of a medication, except with a physician's written permission for life-threatening situations.

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			

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

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education  
DCF-F-CFS0059-E (Rev. 08/2010)

dcf.wisconsin.gov