DEPARTMENT OF HEALTH AND SOCIAL SERVICES WISCONSIN
Division of Community Services
DCS-59 (rev 10/95)

AUTHORIZATION TO ADMINISTER MEDICATION

Completion of this form meets the requirements of HSS 45 and HSS 55 of the Wis. Adm. Codes

I HEREBY AUTHORIZE ADMINISTRATION OF THE FOLLOWING MEDICATION(S) TO MY CHILD BY STAFF OF THE DAY CARE CENTER/DAY CAMP LISTED BELOW:

Name of Day Care Center/Day Camp: **Jubilee Christian Preschool & Daycare**	Name of Child	D.O.B

Medication	Dosage	Time	Dates for medication to be given
			From: To:
			From: To:

Special Administration Instructions:

Signature of Parent/Guardian: Date:

Staff Use Only - Medication Log

Date	Time	Name of Medication	Person Administering Medication