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.

Name – Sponsor (Person Doing the Observation or Testing)	Date of Project (mm/dd/yyyy)

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

Purpose of Observation or Testing – Specify.

Proposed Use of Observation or Testing Results

I hereby give _____ my consent to have
Name – Sponsor

_____ participate in the observation or testing named above.
Name – Child

_____ _____
SIGNATURE – Parent or Guardian Date Signed