

**INFORMED CONSENT FOR OBSERVATION OR TESTING  
BY AN OUTSIDE AGENCY – CHILD CARE CENTERS**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of HFS 46.04(6)(a)7. and HFS 55.41(4)(a)5. of the Wis. Admin. Codes. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

**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