

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-MEDICATION CONSENT FORM
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name: [REDACTED]	2. Date of birth: [REDACTED]	3. Child's known allergies: [REDACTED]
4. Name of product (including strength): [REDACTED]	5. Amount to be administered: [REDACTED]	6. Route of administration: [REDACTED]
7A. Frequency to be administered, include times of day if appropriate: [REDACTED]		
OR		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): [REDACTED]		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply) AND/OR		
8B. Additional side effects: [REDACTED]		
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent [REDACTED] Other (describe): [REDACTED]		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) AND/OR		
10B. Additional special instructions: [REDACTED]		
11. Reason(s) for use (unless confidential by law): [REDACTED]		
12. Parent name (please print): [REDACTED]	13. Date authorized: [REDACTED]	
14. Parent signature: X		

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name: [REDACTED]	16. Facility ID number: [REDACTED]	17. Program telephone number: [REDACTED]
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print): [REDACTED]	20. Date received from parent: [REDACTED]	
21. Staff's signature: X		