

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:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: <p style="text-align: center;">OR</p> 7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration):		
8A. Possible side effects: See product label for complete list of possible side effects (parent must supply) AND/OR		
8B: Additional side effects:		
9. What action should the child care provider take if side effects are noted: Contact parent Other (describe):		
10A. Special instructions: See package insert for complete list of special instructions (parent must supply) AND/OR _____10B. Additional special instructions:		
_____11. Reason(s) for use (unless confidential by law):		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature: X		

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

15. Program name: Twin Oaks Country Day School	16. Facility ID number: 00039796DCC	17. Program telephone number: 516-623-4550
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):	20. Date received from parent:	
21. Staff's signature:		