

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:<br><b>OR</b>  |                               |                             |
| 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)<br><b>AND/OR</b>                |                               |                             |
| 8B: Additional side effects:   |                               |                             |
| 9. What action should the child care provider take if side effects are noted:<br>Contact parent<br>Other (describe):                             |                               |                             |
| 10A. Special instructions:     See package insert for complete list of special instructions (parent must supply)<br><b>AND/OR</b>                |                               |                             |
| 10B. Additional special instructions:  |                               |                             |
| 11. Reason(s) for use (unless confidential by law):  |                               |                             |
| 12. Parent name (please print):  | 13. Date authorized:          |                             |
| 14. Parent signature:<br><b>X</b>  |                               |                             |

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

|   |                         |                               |
|---|-------------------------|-------------------------------|
| 15. Program name:   | 16. Facility ID number: | 17. Program telephone number: |
| 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:

**X**