

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: _____ <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: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply) <b>AND/OR</b>				
8B. Additional side effects: _____				
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent _____ Other (describe): _____				
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) <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: <b>X</b>				

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

15. Program name: <i>CCSD childcare</i>		16. Facility ID number: <i>733098</i>	17. Program telephone number: <i>845-213-9489</i>
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: <b>X</b>			