

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:<br>apply a thin layer to exposed skin | 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:<br>Watertown Family YMCA SACC   | 16. Facility ID number:<br>310646+42431+42434 | 17. Program telephone number:<br>315-755-2005 |
| 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>  |   |   |