# OCFS-6010 (5/2015)

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 repellant.
* 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:

       | 1. Date of birth:

      | 1. Child’s known allergies:

      |
| 4. Name of product (including strength):      | * 1. Amount to be administered:

      | * 1. Route of administration:

      |
| 7A. Frequency to be administered, include times of day if appropriate:       ***OR*** |
| 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:Heart 2 Heart Child Care | 16. Facility ID number:410322 | 17. Program telephone number: 845 582-0661 |
| 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): MAT Approved Staff Member | 20. Date received from parent:      |
| 21. Staff’s signature: X |