

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-PRESCRIPTION OVER-THE-COUNTER PRODUCT CONSENT FORM
Child Day Care Programs

- This form may be used when a parent consents to having non-prescription, over-the-counter products including, but not limited to: acetaminophen, ibuprofen, topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent administered to their child in a child day care program.
- One form must be completed for each non-prescription, 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: <i>As Needed</i>	6. Route of administration: <i>Topically</i>
7A. Frequency to be administered, include times of day if appropriate: <i>As Needed or see 7B</i>		
7B. Identify the conditions that will necessitate administration of the product: <i>(signs and symptoms must be observable prior to administration) Based on Bottle Directions</i>		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects <i>(parent must supply)</i> AND/OR		
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 <i>(parent must supply)</i> 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: <i>Wat ert own Family YMCA</i>	16. Facility ID number: <i>42434,42431, 310646,795585</i>	17. Program telephone number: <i>315-755-2005</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: X		