

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PARENT WRITTEN MEDICATION CONSENT FORM

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- This form or an approved equivalent may be used when a parent consents to having an over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent administered to their child in a child day care program.

PARENT MUST COMPLETE THIS SECTION

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____ OR		
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____		
8A. Possible side effects: <input type="checkbox"/> See package insert 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: <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) AND/OR		
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when this medication should not be administered.) _____		
11. Reason for the medication: (unless confidential by law): _____		
12. I, the parent, authorize the day care program to administer the medication as specified herein.		
13. Parent name (please print):	14. Date authorized:	
15. Parent signature: X		

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#16 - #22)

16. Program name:	17. License/Registration number:	18. Program telephone number:
19. I have verified that #1-#15 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
20. Caregiver's name (please print):	21. Date received from parent:	
22. Caregiver's signature: X		