

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
VERBAL MEDICATION CONSENT FORM AND LOG OF ADMINISTRATION

13. COMPLETE THIS SECTION FOR VERBAL MEDICATION CONSENTS REQUIRING HEALTH CARE PROVIDER INSTRUCTIONS

In addition to the above parent consent I, _____ received verbal instructions from
(name of caregiver)

(check the box below to indicate credentials of person)

Physician
 Physician Assistant (PA)
 Nurse Practitioner (NP)
 Registered Nurse on behalf of the child's physician, PA or NP

to administer the medication listed above on _____
(date authorized to give)

A request was made to have the health care provider send the medication instructions in writing.

14. Licensed prescriber's name (physician, PA or NP):	15. Licensed prescriber's telephone number:
16. I have verified that sections #1 - #15 are complete. My signature indicates that all information necessary to safely administer this medication has been given to the child care program.	
17. Caregiver's name (please print):	18. Date received:
19. Caregiver's signature: X	

Date Given	Medication	Dose	Time Given	Caretaker Signature

PARENT ACKNOWLEDGEMENT OF VERBAL CONSENT

I, parent, gave verbal permission to the child care program to administer the above indicated medication on _____ (date)
Parent's Signature: X