



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: <b>X</b>	

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: <b>X</b>