

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:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____		
<b>OR</b>		
7B. Identify the conditions that will necessitate administration of the product: <i>(signs and symptoms must be observable prior to administration)</i> _____		
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects <i>(parent must supply)</i>		
<b>AND/OR</b>		
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>		
<b>AND/OR</b>		
10B. Additional special instructions: _____		
11. Reason(s) for use: (unless confidential by law): _____		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature:		
<b>X</b>		

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name: Bright Beginnings@ St. Mark's	16. Facility ID number: 385308	17. Program telephone number: 631-288-3310
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): Dawn Orban	20. Date received from parent:	
21. Staff's signature: <b>X</b>		