

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

Caregivers may use this form or an approved equivalent to document that a parent requested that a medication be given, but did not have written instructions from the authorized prescriber.

The medication authorized on this form is valid for one day only. This consent form does not authorize the administration of the medication listed below on multiple days.

1. Child's first and last name:	2. Name of medication (including strength):	3. Amount/dosage to be given:
4. Route of administration:	5. Frequency to be administered for today only:	
<p>6A. Possible side effects: See package insert for complete list of possible side effects (must be obtained from medication package or insert)</p> <p>AND/OR</p> <p>6B: Additional side effects:</p> <p>7. What action should the program take if side effects are noted:</p> <p style="padding-left: 20px;">Contact parent</p> <p style="padding-left: 20px;">Contact prescriber at phone number provided</p> <p style="padding-left: 20px;">Other (describe):</p>		
<p>8A. Special instructions: See package insert for complete list of special instructions (must be obtained from medication package or insert)</p> <p>AND/OR</p> <p>8B. 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 medication should not be administered.)</p> 		
9. Provider name:	10. License/ Registration number:	11. Program telephone number:
<p>12. I, _____ received verbal permission from _____</p> <p style="text-align: center;">(name of caregiver) (child's parent)</p> <p>to administer the medication listed above _____</p> <p style="text-align: center;">(date authorized to)</p> <p>The instructions I received from the parent match the instructions for use on the medication container. If the instructions do not match, I received verbal or written instructions from the health care provider or licensed authorized prescriber.</p>		

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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:
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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:
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19. Caregiver's signature:
X

Date Given	Medication	Dose	Time Given	Caretaker Signature

I, parent, gave verbal permission to the child care program to administer the above indicated medication on _____
(date)

Parent's Signature:
X

PARENT ACKNOWLEDGEMENT OF VERBAL CONSENT