Form 4526
September 2013

PSYCHOTROPIC MEDICATION TREATMENT CONSENT

CPS – MEDICAL SERVICES

Purpose: The person legally authorized to consent to medical care on behalf of a child in DFPS conservatorship uses this form to document informed consent for a new psychotropic medication. This form does not replace or substitute for any consent form required or used by a medical provider for their records or purposes.

Directions: After completing this form, the medical consenter provides a copy of the form to the DFPS caseworker for the child. The caseworker files it under the child's section in the case record.

I am providing consent for ____
Child's name

To receive treatment for ____
Condition being treated

With the following Psychotropic Medication:

____

- I received information describing:

  (A) the specific condition to be treated;
  (B) the beneficial effects on that condition expected from the medication;
  (C) the probable health and mental health consequences of not consenting to the medication;
  (D) the probable clinically significant side effects and risks associated with the medication; and
  (E) the generally accepted alternative medications and non-pharmacological interventions to the medication, if any, and the reasons for the proposed course of treatment.

- I have been given the opportunity to ask questions.
- This consent is given voluntarily and without undue influence.
- I am the child's Medical Consenter.
- I understand that I have the right to choose not to consent to the initiation of this medication. If I choose not to consent to medication recommended by the medical professional, I must notify the child's caseworker within 24 hours.
- I understand that I have the right to withdraw consent for this treatment at any time, after consulting with the prescribing provider and the child's caseworker.

____ Date ____________________
Medical Consenter (print name)

____ Date ____________________
Medical Consenter (signature)

____ Date ____________________
Acknowledged by Prescribing Provider or Designee (signature)