### Medication Administration Informed Consent

**Date**: 

**Child**: Age Placement: 

**Allergies, illnesses, and/or other medications:** 

#### Diagnosis:

The following medication(s) were discussed as part of a treatment plan based on a diagnosis and information from you and other sources. The accuracy of the diagnosis and safety of the treatment depends on the accuracy of the information. I was informed of the purpose, risks, benefits, alternatives and terms of each medication. I believe this plan is in the best interests of this child and I approve of this plan. If there are changes, please update the prescriber.

The signature of the person legally responsible for the psychiatric care of the child (PLR) on this form provides consent for and permission to administer psychotropic medication to the child (named above) for the medications listed below. Do not sign this consent form until all your questions are answered.

Although I understand that certain medications can't be stopped quickly, I understand I can withdraw consent at any time.

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#### Target Symptoms:

**Medication name and mgs** | **Action** | **# tabs or caps** | **When** | **Purpose, expected results, time frames & instructions** | **Warnings and Side Effects**
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| #1 | NEW | morning | Purpose & Expected Results/Outcomes: | □ serious rash | □ shakes |
| increase | noon | | | □ cramps | □ sexual effects |
| decrease | noon | | □ voices | dry mouth |
| continue | afternoon | | □ can't sleep | □ constipation |
| change | evening | Expect improvement by: | □ heart problem | □ seizures |
| STOP | bedtime | Length of Tx: | | □ memory |

**Medication excesses limits of NRS 432B.197:**

- Not FDA appv
- Under 4 y/o
- 3 diff classes
- 2 /class

These alternatives were discussed:

- □ other medications

**Initials:** PLR Child (optional)

#### Target Symptoms:

**Medication name and mgs** | **Action** | **# tabs or caps** | **When** | **Purpose, expected results, time frames & instructions** | **Warnings and Side Effects**
--- | --- | --- | --- | --- | ---

| #2 | NEW | morning | Purpose & Expected Results/Outcomes: | □ serious rash | □ shakes |
| increase | noon | | □ voices | dry mouth |
| decrease | noon | | □ can't sleep | □ constipation |
| continue | afternoon | | □ heart problem | □ seizures |
| change | evening | Expect improvement by: | □ heart problem | □ memory |
| STOP | bedtime | Length of Tx: | | □ suicide thoughts/feelings |

**Medication excesses limits of NRS 432B.197:**

- Not FDA appv
- Under 4 y/o
- 3 diff classes
- 2 /class

These alternatives were discussed:

- □ other medications

**Initials:** PLR Child (optional)

#### Target Symptoms:

**Medication name and mgs** | **Action** | **# tabs or caps** | **When** | **Purpose, expected results, time frames & instructions** | **Warnings and Side Effects**
--- | --- | --- | --- | --- | ---

| #3 | NEW | morning | Purpose & Expected Results/Outcomes: | □ serious rash | □ shakes |
| increase | noon | | □ voices | dry mouth |
| decrease | noon | | □ can't sleep | □ constipation |
| continue | afternoon | | □ heart problem | □ seizures |
| change | evening | Expect improvement by: | □ heart problem | □ memory |
| STOP | bedtime | Length of Tx: | | □ suicide thoughts/feelings |

**Medication excesses limits of NRS 432B.197:**

- Not FDA appv
- Under 4 y/o
- 3 diff classes
- 2 /class

These alternatives were discussed:

- □ other medications

**Initials:** PLR Child (optional)

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**Medication Effects, Current Status and/or Special Instructions:**

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**Labs ordered:**

**Next Apt:**

**Prescriber's signature:**

**Date:** 12/28/2011