Date

Medication Administration Informed Consent

Page _____ of _____

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 prescriberThe 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.

Print Name- Person legally responsible for the psychiatric care of the child (PLR)

Signature-PLR: Date:

Signature-Witness: Date:

Target Symptoms:

Medication name and mgs	Action	# tabs or caps	When	Purpose, expected results, time frames & instructions	Warnings and Side Effects		
#1	☐ NEW		☐ morning	Purpose & Expected Results/Outcomes:	☐ serious rash	☐ shakes ☐ cramps	☐ ▲ ▼ sexual effects
	☐ increase ☐ decrease		☐ noon		☐ voices	☐ dry mouth ☐ tired	☐ ▼ effect birth control pills ☐ birth defects
	☐ continue		☐ afternoon		☐ can't sleep	☐ constipation	☐ ▲ ▼ hungry ☐ ▲ ▼ weight
	☐ change		☐ evening	Expect improvement by:	☐ heart problem	☐ sick to stomach	☐ frequent bathroom urges ☐ diabetes
	☐ STOP		☐ bedtime	Length of Tx:	☐ seizures	☐ memory	☐ suicide thoughts/feelings
mgs:	PRN as needed ☐ / in addition to above ☐ / if needed ___ times a day, ☐ at least ___ hrs apart				☐ agitation	☐ driving	☐ interactions
Medication exceeds limits of NRS 432B.197:	These alternatives were discussed:				☐ addiction	☐ sleep walking	☐ other:
☐ Not FDA appv ☐ Under 4 y/o	☐ other medications				☐ **DENIED**		☐ Factsheet Provided
☐ 3 diff classes ☐ 2 /class	☐ counseling (type)				**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 ☐ cramps	☐ ▲ ▼ sexual effects
	☐ increase ☐ decrease		☐ noon		☐ voices	☐ dry mouth ☐ tired	☐ ▼ effect birth control pills ☐ birth defects
	☐ continue		☐ afternoon		☐ can't sleep	☐ constipation	☐ ▲ ▼ hungry ☐ ▲ ▼ weight
	☐ change		☐ evening	Expect improvement by:	☐ heart problem	☐ sick to stomach	☐ frequent bathroom urges ☐ diabetes
	☐ STOP		☐ bedtime	Length of Tx:	☐ seizures	☐ memory	☐ suicide thoughts/feelings
mgs:	PRN as needed ☐ / in addition to above ☐ / if needed ___ times a day, ☐ at least ___ hrs apart				☐ agitation	☐ driving	☐ interactions
Medication exceeds limits of NRS 432B.197:	These alternatives were discussed:				☐ addiction	☐ sleep walking	☐ other:
☐ Not FDA appv ☐ Under 4 y/o	☐ other medications				☐ **DENIED**		☐ Factsheet Provided
☐ 3 diff classes ☐ 2 /class	☐ counseling (type)				**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 ☐ cramps	☐ ▲ ▼ sexual effects
	☐ increase ☐ decrease		☐ noon		☐ voices	☐ dry mouth ☐ tired	☐ ▼ effect birth control pills ☐ birth defects
	☐ continue		☐ afternoon		☐ can't sleep	☐ constipation	☐ ▲ ▼ hungry ☐ ▲ ▼ weight
	☐ change		☐ evening	Expect improvement by:	☐ heart problem	☐ sick to stomach	☐ frequent bathroom urges ☐ diabetes
	☐ STOP		☐ bedtime	Length of Tx:	☐ seizures	☐ memory	☐ suicide thoughts/feelings
mgs:	PRN as needed ☐ / in addition to above ☐ / if needed ___ times a day, ☐ at least ___ hrs apart				☐ agitation	☐ driving	☐ interactions
Medication exceeds limits of NRS 432B.197:	These alternatives were discussed:				☐ addiction	☐ sleep walking	☐ other:
☐ Not FDA appv ☐ Under 4 y/o	☐ other medications				☐ **DENIED**		☐ Factsheet Provided
☐ 3 diff classes ☐ 2 /class	☐ counseling (type)				**Initials: PLR**	**Child** (optional)	

Medication Effects, Current Status and/or Special Instructions:

Labs ordered: ☐ Next Appt: Prescriber's signature: Date: