

## PSYCHOTROPIC MEDICATION INFORMED CONSENT

Child/Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Note:** This form is to be signed by South Carolina Department of Social Services (DSS) case manager and/or team leader (primary medical consentor) or a person authorized to consent to medical care of a child (designated secondary medical consentor) in DSS custody and is used to document that informed consent was obtained for a new psychotropic medication. The signed Psychotropic Medication Informed Consent form is to be retained by the designated secondary medical consentor and provided to the child's case manager. The case manager, or designee, is to sign and file this form in the child's case record and link it in CAPSS to the child's Person Screen within five business days.

Before signing this document, the medical consentor should receive, review, and understand the following information was provided by the medical provider or prescriber as to prescribed medication(s) below:

- The specific condition, symptoms, or diagnosis being treated with the medication(s)
- The benefits of medication(s), including the symptoms treated by the medication(s) and the likely effectiveness of the medication(s)
- Any alternate medication(s) or non-medication options available to treat the condition, their likelihood of benefit, and the reason for selecting the treatment below
- The risks of taking the medication(s) and probable clinically significant side effects from medication(s)
- The risks of not taking the prescribed medication(s)
- The name, dosage, frequency, route of administration, and duration of the prescribed medication(s)
- Any special instructions about taking the medication(s) and any monitoring such as blood work up required while taking medication(s)

All Psychotropic Medications (Current and Requested)	Dose (Starting/ Maximum)	Frequency	Diagnosis, Target Symptoms, Benefits	New Medication (Y/N)

The **designated secondary medical consentor is to immediately notify the case manager and the case manager is required to consult the Regional Clinical Specialist before administration of psychotropic medications when:**

- Child is age 6 or under
- Child is prescribed 4 or more psychotropic medications
- Child is being prescribed an antipsychotic medication

The **designated secondary medical consentor must provide written notification to SCDSS case manager and/or team leader by the next business day after consenting to psychotropic medications.** The designated secondary medical consentor must inform the case manager and/or team leader within 24 hours if the consentor elects not to consent to the recommended treatment.

The consentor has the right to withdraw consent for this treatment at any time with written notification, after consulting with the prescribing provider and the child's case manager. If the case manager has any concerns over prescribed psychotropic medications, the case manager is to contact the Regional Clinical Specialist for further review to monitor safe and appropriate use of these medications.

I, \_\_\_\_\_  
(The Legally Authorized Medical consentor for the above-named child)

agree to the doctor's recommendations. This consent is voluntary and without undue influence.

\_\_\_\_\_  
Authorized Medical Consentor Name                      Signature                      Date

\_\_\_\_\_  
Physician Name                      Signature                      Date

\_\_\_\_\_  
Case Manager or Designee Name                      Signature                      Date

**\*\*Note:** An individual may obtain medical care for a child in emergency without the consent of the medical consentor if the medical consentor is unavailable and the physician determines that the child's condition requires medical care. If time allows, provide prior notification, and obtain consent prior to treatment.