

Child's name: _____

Case/PL number: _____

Section B – Notification: (to be completed by caseworker)

Legal parent(s) were notified of psychotropic medication(s): Yes No

Comments:

Section C – Child or young adult mental health assessment and placement information: (to be completed by caseworker)

Required Mental health assessment completed before more than one new psychotropic medication or any antipsychotic medication is prescribed:

Required Mental Health Assessment or update was completed within three months prior to the prescription for **more than one new psychotropic medication or any antipsychotic medication**: Yes No

Date of mental health assessment _____

Date of updated assessment: _____

Urgent medical need:

Date of urgent need episode: _____

Describe urgent medical need: *(include treatment facility licensed health care professional providing care):*

Placement information:

Placement: Voluntary custody or placement Foster care Residential: _____

Hospital: _____ Other: _____

Caseworker name: _____

Date completed: _____

Section D – Consent for administration of psychotropic medications: (to be completed by child welfare program manager or designee)

By signing below, I give consent for _____ to receive the medications listed in section A, as recommended by his/her licensed health care provider.

By signing below, I **do not** give consent for _____ to receive the medications listed in section A, as recommended by his/her health care provider. Reason consent denied: **(If consent is denied, reason must be provided below.)**

(Signature of child welfare program manager or designee) _____ (Date) _____

Print name:

Local office:

Contact phone number: