Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0093
Release from Medical Responsibility

1. Fill in name of the child/youth, date of birth, TFACTS person ID number, and current placement.

2. Fill in the child/youth's name after the phrase "This is to certify that I," _____.

3. In the next blank area, fill in the medication, treatment or procedure the child/youth is refusing.

4. Have the youth sign and date the form.

5. Have a witness sign and date the form.

6. If the child/youth refuses to sign, write that on the Youth Signature line and have a witness sign and date the form.

7. *If the child/youth refuses a prescribed medication for more than 48 hours, the prescribing provider must be notified for further instruction. It can be dangerous for some medications to be stopped abruptly. If you are unsure, call the prescribing provider immediately. (see policy 20.15 Medication Administration, Storage and Disposal).*