



**Tennessee Department of Children's Services**  
**Prior Approval for PRN Psychotropic Medication**

This form is used for any child who is prescribed PRN (meaning as needed) *anxiolytic-hypnotic and antipsychotic* medications. . The PRN psychotropic medication cannot be administered or dispensed to the child/youth until approved by the DCS Medical Director. An Informed Consent for Psychotropic Medication form CS-0627 must also be completed and signed.

Appointment date _____	TFACTS person ID# _____
Child's name _____	DOB _____
Home County _____	FSW name _____
Provider name _____	Phone # _____
Clinic name _____	
Address _____	

DSM Diagnosis _____
Current Medications ( name, dose, frequency, route) _____
PRN medication being prescribed (name, dose, frequency, route) _____
Reason for PRN medication? _____
What symptoms will this medication treat? _____
Other behavior interventions being used? _____
Under what specific conditions will this medication be administered? _____
Anticipated frequency of use? _____
Length of time PRN medication is prescribed (limit 14-30 days)? _____
Provider signature _____ Date _____

**Approval must be obtained from the DCS Health Nurse and the DCS Director of Medical Services before the PRN psychotropic medication is administered. Informed Consent must also be obtained. If prescription for PRN psychotropic medication is needed beyond limit of 14-30 days a new approval must be obtained.**

Health Nurse Signature _____
Print Name _____ Date _____
Director of Medical Services signature _____
Print Name: _____ Date _____

*Always check the "Forms" Website for most current version. This form may not be altered without prior approval.*

Distribution: Regional Administrator, Designee, Independent Living Director/Designee