



Informed Consent for Psychotropic Medication

Appointment Date:		Electronic Record System ID#:		Home County:	
Child's Name:			DOB:		
Placement: <input type="checkbox"/> Foster home <input type="checkbox"/> Congregate care facility			Facility Name:		
<input type="checkbox"/> Child entering custody on the medication(s) listed below					
PLEASE ATTACH PSYCHOTROPIC MEDICATION EVALUATION Form CS-0629 OR EQUIVALENT FORM					
Medication (dose, frequency, route):					
For the treatment of:					
Allergies:					
Any other medication child is taking:					
Prescribing Provider's Name:			Telephone #:		
Clinic Name:					
Address:					

I have been informed of the recommendation that medication be prescribed as part of my/my child's treatment program. I have been informed of the nature of my/my child's condition, the risks and benefits of treatment with the above medication, of other forms of treatment, as well as the risks of no treatment. My signature below indicates that I have received information explaining the most common side effects of this/these medication(s) but understand that there may be other side effects. I understand that medication is only one aspect of my/my child's overall treatment, and that success and improvement depends on my active involvement and participation in all aspects of the treatment plan developed for me/my child. I also understand that although this medication is expected to be helpful in the treatment of my/my child's condition, there is no absolute guarantee as to the results.

For females: Because this/these medication(s) could be harmful to a developing fetus, I will notify the medical staff immediately if I suspect pregnancy or have plans to attempt pregnancy.

THIS FORM CAN ONLY BE SIGNED BY THE PARENT/GUARDIAN, YOUTH AGED 16 AND OLDER (at the discretion of the prescribing provider) OR THE DCS REGIONAL NURSE

Based on the information provided to me:

- I give **PERMISSION/CONSENT** to the administration of the above listed medications(s).
- I **REFUSE** to allow the administration of the above listed medication(s).

Youth age 16 or older signature _____ **Date** _____

Parent/Legal Guardian signature _____ **Date** _____

Print name _____ Relationship _____

Witness #1 Verbal Consent _____ **Date** _____

Witness #2 Verbal Consent _____ **Date** _____

Reason parent cannot sign _____

DCS Health Nurse Signature _____ **Date** _____

Print name _____ **Region** _____

- I have been **NOTIFIED** that consent was given by DCS for the above listed medications(s).

Parent/Legal Guardian signature _____ **Date** _____

Print name _____ Relationship _____

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The completed form is forwarded to the appropriate DCS Health Unit

<p>Mid-State Counties: Sumner, Macon, Trousdale, Jackson, Smith, Davidson, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Wilson, Moore.</p>	<p>227 French Landing Drive 2nd Floor Nashville, TN 37228 Telephone: 615-969-2273 Fax: 615-524-3077 Davidson County: Child Health email box: EI_DCS.ChildHealth_DV_Fax@tn.gov</p> <p>200 Athens Way, 2nd Fl., Suite A Nashville, TN 37243 Telephone: 615-708-2230 Fax: 615-253-5648 Sumner, Macon, Trousdale, Jackson, Smith, Rutherford, Cannon, Marshall, Bedford, Coffee, Lincoln, Moore, Wilson Counties: Child Health email box: EI_DCS.ChildHealth_MS_Fax@tn.gov</p>	<p>West Counties: Lake, Obion, Weakley, Dyer, Gibson, Crockett, Lauderdale, Tipton, Haywood, Shelby, Fayette, Hardeman, McNairy.</p>	<p>One Commerce Square, Suite 600 40 South Main Memphis, TN 38103 Cell: 901-305-4299 Fax: 901-745-7154 Shelby County: Child Health email box: EI_DCS.ChildHealth_SH_Fax@tn.gov</p> <p>8600 Hwy 22 Dresden, TN 38225 Telephone: 731-514-5536 Fax: 731-935-0695 Lake, Obion, Weakley, Dyer, Gibson, Crockett, Lauderdale, Tipton, Haywood, Fayette, Hardeman, McNairy Counties. Child Health email box: EI_DCS.ChildHealth_WR_Fax@tn.gov</p>
<p>Mid-West Counties: Henry, Henderson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton, Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart.</p>	<p>225 Dr. Martin Luther King Drive Jackson, TN 38301 Telephone: 731-412-2035 Henry, Henderson, Carroll, Chester, Montgomery, Hardin, Madison, Decatur, Benton Counties: Child health email box: EI_DCS.ChildHealth_WWT_Fax@tn.gov</p> <p>1400 College Park Dr. Suite, A Columbia, TN 38401 Telephone: 931-808-1544 Fax: 931-646-3104 Robertson, Houston, Humphreys, Dickson, Cheatham, Perry, Hickman, Maury, Williamson, Lewis, Wayne, Lawrence, Giles, Stewart Counties: Child health email box: EI_DCS.ChildHealth_MWS_Fax@tn.gov</p>	<p>Tennessee Valley Counties: Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren; Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie,</p>	<p>600 Hearthwood Ct, Cookeville, TN 38506 Telephone: 931-239-2398 Fax: 931-646-3100 Clay, Pickett, Overton, Dekalb, Putnam, White, Cumberland, Warren, Van Buren Counties; Child Health email box: EI_DCS.ChildHealth_UTV_Fax@tn.gov</p> <p>5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-415-2012 Fax: 423-585-3416 Bledsoe, Rhea, Grundy, Franklin, Marion, Hamilton, Sequatchie Counties: Child Health email box: EI_DCS.ChildHealth_TV_Fax@tn.gov</p>
<p>East Counties: Fentress, Scott, Campbell, Claiborne, Union, Knox, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs.</p>	<p>2600 Western Ave. Knoxville, TN 37921 Office: 865-329-8879 Fax: 865-594-2624 (Knox County) Fax: 865-594-2621 (All Others) Fentress, Scott, Campbell, Claiborne, Union, Morgan, Anderson, Roane, Loudon, McMinn, Monroe, Polk, Bradley, Meigs Counties: Child Health email box: EI_DCS.ChildHealth_ET_Fax@tn.gov</p> <p>Knox County: EI_DCS.ChildHealth_KX_Fax@tn.gov</p>	<p>Northeast Counties: Blount, Cocke, Sevier, Grainger, Jefferson, Hamblen; Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington.</p>	<p>2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-202-4865 Fax: 423-585-3410</p> <p>613 West Hwy 11-E New Market, TN 37820 Cell: 423-667-8273 All Northeast Counties: Child Health email box: EI_DCS.ChildHealth_NE_Fax@tn.gov</p>

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CS-0627
Rev 3/25



RDA 2875
Page 2