Department of Children's Services
INSTRUCTIONS FOR USE OF FORM CS-0627
Informed Consent for Psychotropic Medication

1. This form is used for any child who is prescribed psychotropic medication. It can be signed by:
   - Parent/guardian
   - Youth age 16 years and older (at the discretion of the prescribing provider)
   - DCS Regional Nurse

2. The top section can be completed by foster parents, DCS FSWs, or contract agency case workers.

3. The prescribing provider completes the section including:
   - Medication name, dose and frequency
   - Treatment diagnosis
   - Allergies
   - Any other medication the child is taking
   - Prescribing Provider's name and contact information

4. The parent/guardian giving consent must be present at the medication evaluation appointment and must talk directly to the prescribing provider. If the parent/guardian cannot be at the appointment, they can talk to the prescribing provider on the phone and give verbal consent. Verbal consent must be witnessed by two people. Both witnesses must sign and date the form. Check the box for permission/consent.

5. If the parent/guardian cannot be available at the appointment or by phone, and the child is younger than age 16, the consent is sent to the regional nurse for consent decision.

6. If the nurse consents, then the parent/guardian is notified that consent was given and signs on the appropriate line and checks the box for notification.

7. When a parent/guardian or youth age 16 and over signs consent for psychotropic medication a copy of the consent must be sent to the home county regional nurse immediately for tracking purposes.

8. The informed consent is for the prescribed medication. If the dose or frequency is subsequently changed a new informed consent is NOT needed. The dosage or frequency change is reported on Psychotropic Medication Evaluation form CS 0629.

9. If the child is new to custody, check the box "entering custody on medications listed below" and complete the form with as much information as possible.

10. A copy of form CS-0629 Psychotropic Medication Evaluation, or equivalent documentation, should be attached to the consent to communicate information regarding the treatment of the child/youth.

Informed Consent for Psychotropic Medication

The completed form is forwarded to the appropriate DCS Health Unit

☐	**Davidson**	500 James Robertson Pkwy, 7th flr Nashville, TN 37243 Nursing Telephone: Cell: 615-946-0433 Fax: 615-524-3077 EI_DCS.ChildHealth_DV_Fax@tn.gov	☐	**Smoky Mountain Counties:** Claiborne, Cocke, Grainger, Hamblen, Jefferson	613 West Hwy 11E, Suite #1 New Market, TN 37820 Nursing Telephone: Cell: 865-696-7147 Fax: 865-594-2623 EI_DCS.ChildHealth_SM_Fax@tn.gov
☐	**East Counties:** Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott, Union	111 Union Valley Rd. Oak Ridge, TN 37830 Nursing Telephone: Cell: 865-696-7852 Fax: 865- 594-2621 EI_DCS.ChildHealth_ET_Fax@tn.gov	☐	**Smoky Mountain Counties:** Blount, Sevier	613 West Hwy 11E, Suite #1 New Market, TN 37820 Nursing Telephone: Cell: 865-207-5375 Fax: 865-594-2623 EI_DCS.ChildHealth_SM_Fax@tn.gov
☐	**Knox**	2600 Western Ave. Knoxville, TN 37921 Nursing Telephone: Cell: 865-209-9916 Fax: 865-594-2624 EI_DCS.ChildHealth_KX_Fax@tn.gov	☐	**South Central Counties:** Bedford, Coffee, , Franklin , Giles, Grundy, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne	1400 College Park, #A Columbia, TN 38401 Nursing Telephone: Cell: 931-698-6937 Fax: 931-646-3104 EI_DCS.ChildHealth_SC_Fax@tn.gov
☐	**MidCumberland Counties:** Cheatham, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson	200 Athens Way, Suite #2A Nashville, TN 37243 Nursing Telephones: Cell: 615-483-6629 Cell: 615-603-5031 Fax: 615-524-3076 EI_DCS.ChildHealth_MC_Fax@tn.gov	☐	**Southwest Counties:** Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton	Lowell Thomas State Bldg. 225 Dr. MLK Drive, 3rd flr. Jackson. TN 38301 Nursing Telephone: Cell: 731-343-3561 Fax: 731-935-0696 EI_DCS.ChildHealth_SW_Fax@tn.gov
☐	**Northeast Counties:** Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	2555 Plymouth Road Johnson City, TN 37601 Nursing Telephone: Cell: 423-202-4644 Fax: 423-585-3410 EI_DCS.ChildHealth_NE_Fax@tn.gov	☐	**Tennessee Valley Hamilton/Southeast Counties:** Hamilton, Bledsoe, Bradley, McMinn, Marion, Meigs, Polk, Rhea, Sequatchie	5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Nursing Telephone: Cell: 423-260-5376 Fax: 423-585-3416 EI_DCS.ChildHealth_TV_Fax@tn.gov
☐	**Northwest Counties:** Benton, Carroll, Crockett, , Dickson, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, Weakley	8600 Highway 22 Dresden, TN 38242 Nursing Telephone: Cell: 731-343-3561 Fax: 731-935-0695 EI_DCS.ChildHealth_NW_Fax@tn.gov	☐	**Upper Cumberland Counties:** Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White	600 Hearthwood Court Cookeville, TN 38506 Nursing Telephone: Cell: 931-303-1113 Fax: 931- 646-3100 EI_DCS.ChildHealth_UC_Fax@tn.gov
☐	**Shelby**	One Commerce Square 40 South Main, Suite 600 Memphis, TN 38103 Nursing Telephones: Cell: 901-258-0345 Cell: 901-568-2190 Fax: 901-745-7154 EI_DCS.ChildHealth_SH_Fax@tn.gov	☐		