

Consent to Administer a Psychotropic Drug

Template Owner: All Individuals
Template Used By: All Programs
Template Purpose: Form to provide our programs consent to administer a psychotropic drug to resident within our programs.

I, _____ (worker's name), consulted with Dr. _____ on _____ (date) regarding the administration of a psychotropic drug to _____ (name) _____ (d.o.b.) who is a Crown/society Ward (select one), committed to the care and custody of the society under Section 37 of the C.F.S.A. Dr. _____ has explained the following things to me:

Items 1-5 inclusive to be completed by the doctor:

1. The medications will (purpose of the medication):

2. Each dose will contain (amount of medication):

3. The risks and side effects are:

4. Possible risks, if medication is not administered:

5. The medication will be given (frequency):
_____ For a period of (length of time):

Doctor's Signature: _____ Date: _____

The wishes of the child in this matter have been considered.

On behalf of Quinte Children's Homes, I approve the administration of _____ (name of drug) to _____.

Worker's Name: _____ Date: _____

Title