



CONSENT TO ADMINISTER A PSYCHOTROPIC DRUG

Form to provide Quinte Children's Homes consent to administer a psychotropic drug to resident within a Parent Therapist Home.

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): _____

Signature of Doctor

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

Title

Date