Red Mountain Family Services, Inc.
◆ PO Box 67197 ◆ Albuquerque, N.M. ◆ 87193-7197 ◆ phone 505.994.0364 fax 505.994.0384

Informed Consent For Medication Form

The purpose of this form is to give informed consent for medications administration to a Treatment Foster Child that is admitted in the Red Mountain Family Services, Inc. Treatment Foster Care Program. The legal custody holder is required to sign this form each time a medication change is recommended, or if the medication appointment recommends no change in the Treatment Foster Child's Medications.

Name of Child: _____ Date of Birth: _____
SSN#: _____ Name of RMFS TFC home the child is placed in:
_____
Date of Appointment: _____ Appt with: _____

List of medications that are prescribed at the appointment:
_____
_____

Note changes in medications (include ending dates for meds and starting dates for meds):
_____
_____

Reason for change (**List Behaviors):**
_____
_____

Side Effects for present medications:
_____
_____

What are the Side Effects to watch out for:
_____
_____

Laboratory Tests ordered (include name of test and why it is ordered):
_____
_____

Signatures:

_____ _____
TFC child if over age 14 Date Custody Holder/Custodian Date

_____ _____
RMFS T.C. Date Verbal Date of Approval
_____ Written Date of Approval: _____
Approval by Biological Parents / Date

Prescribing Physician Signature: _____Date: _____

Date of Contacting TFC Parent or Custody Holder for a final Approval to Administer Medications:

Updated 1/17/17 CCT