

CONSENT FORM FOR PSYCHOTROPIC MEDICATION

I have been informed by Dr. Sanders Stein, who conducted a psychiatric evaluation of my child/myself, _____, that medication treatment is recommended.

The specific medication(s) to be given is _____.

I have been given information which describes this drug. I have discussed any questions I have about the medication with the doctor. I have been informed of precautions that should be taken in administering the medication and potential side effects and believe that treatment with this medication is justified in view of my child's/myself's problems.

I hereby give my consent for use of this medication. The medication has also been discussed with my child appropriate to his/her level of understanding.

Signature of Parent or Guardian/Patient

Physician

Date