



INSTRUCTIONS FOR

**INFORMED CONSENT:**

**INFORMATION ABOUT RECOMMENDED PRESCRIPTION MEDICATION AND MAJOR MEDICAL CARE**

06-9784

APPROPRIATE COMPLETION:

The medical provider will complete the form and provide it to the parent or the OCS worker, depending on who has authority to consent to major medical care.

PURPOSE:

The completed form contains information that must be provided to an individual or agency that has the authority to consent to the administration of prescription medication and/or treatment. The information is required for informed consent.

For the administration of psychotropic medication, as defined in **AS 47.30.837 Informed consent**, "informed" means that the evaluation facility or designated treatment facility has given the patient all information that is material to the patient's decision to give or withhold consent, including

- (A) an explanation of the patient's diagnosis and prognosis, or their predominant symptoms, with and without the medication;
- (B) information about the proposed medication, its purpose, the method of its administration, the recommended ranges of dosages, possible side effects and benefits, ways to treat side effects, and risks of other conditions, such as tardive dyskinesia;
- (C) a review of the patient's history, including medication history and previous side effects from medication;
- (D) an explanation of interactions with other drugs, including over-the-counter drugs, street drugs, and alcohol;
- (E) information about alternative treatments and their risks, side effects, and benefits, including the risks of nontreatment; and
- (F) a statement describing the patient's right to give or withhold consent to the administration of psychotropic medications in nonemergency situations, the procedure for withdrawing consent, and notification that a court may override the patient's refusal;"

TIME FRAME:

The form must be completed and provided to the parent or OCS worker who has authority to consent. The treatment cannot be provided until the provider receives written or verbal consent from the parent, or written consent is received from the OCS worker via the **Authorization for Non-Emergency Major Medical Care** (06-9783).