

## \*MedConsent

### MEDICATION INFORMATION AND CONSENT

*IMPORTANT: A copy of this form must be submitted to the office prior to us ordering your medication.*

*Delays in returning this form WILL result in delays with your prescription.*

*EACH parent/guardian must consent on separate forms.*

*If a parent picks up prescribed medication and dispenses to patient without consenting in writing, then consent is implied.*

By signing below I agree that I have been educated on the risks, benefits, indications, contraindications, alternatives and side-effects for the following medications.

I have also been informed of possible consequences of not taking the medications.

I have been advised to monitor the medications of the minor for compliance and safety reasons.

I have been strongly advised to dispense the medications to the minor and keep them safely locked up when not being used.

If indicated, off label use has been explained.

Parent/Guardian Name: \*

---

Parent/Guardian Phone number: \*

---

Parent/Guardian relationship: \*

---

Medication Name (s): \*

Parent/Guardian SIGNATURE: \*

---

Date: \*

---