CAMHS Medication Consent Form

Child/Young Person's Details	
Young Person's Name:	Date of Birth:
Address:	Contact No.:

Medical Consent Discussion	
Consideration is being given to the addition of medication, as part of your treatment plan. The medication being considered is:	
The purpose of the medication is to treat/alleviate the following symptoms/disorder:	
☐	It was explained that any unexpected or concerning changes in the child/young person's mental or physical health should be reported promptly to the prescribing doctor or CAMHS team.
☐	An information sheet regarding this medication has been provided and discussed with the parent(s)/guardian(s) and, where appropriate, with the young person. This included explanation of potential benefits, common and rare side effects, and the need for any specific monitoring.
☐	Alternative/Adjunctive treatments including no medication were discussed.
☐	Titration explained if relevant: each Young Person may react uniquely to a medication and a dosage level. The Young Person's dosage level can be changed as the clinical course requires.
☐	Explanation given that the use of this medication is consistent with accepted clinical practice and evidence-based guidelines at international, national, and local levels, and it is being prescribed as part of a comprehensive treatment plan.
☐	Advice was given on duration of treatment and circumstances under which discontinuation may be considered, and the importance of consulting CAMHS professionals before discontinuing or commencing any other prescribed or over-the-counter medications.
☐	Safety issues were highlighted, including the secure storage of medication, the importance of adherence, and the responsibility of parents/guardians to supervise administration and prevent unsupervised access by the young person or other children.
☐	Questions were invited and answered.
Please summarise any further queries or discussions regarding the prescribed medication:	

I/We Give my/our consent to have our son/daughter treated with medication in accordance with correct prescribing procedures.

I/We agree to administer all medication to the child/young person and observe the medication being taken.

I/We agree to ensure that all medication is stored safely by me/us and is not accessible to any child/young person.

I hereby give my / our consent to commence _____ on medication

Signature of Child/Young Person, if child is 16 years old or older:	Date:
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:
Signature of Prescriber:	Date: