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EMERGENCY MEDICAL AUTHORIZATION
Old Mills Local School District

Student Name: _____ Grade: _____ Student date of birth: _____
 Address: _____
 City/State/Zip: _____ Phone Number: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the school's custody, when parental or guardian consent cannot be obtained.

Emergency Parent/Guardian:
 Parent's Name: _____ Mother's Signature/Phone Number: _____ Mother's Cell Phone Number: _____
 Father's Name: _____ Father's Signature/Phone Number: _____ Father's Cell Phone Number: _____
 Other Name(s) Relationship: _____ Other Signature/Phone Number: _____
 Name of Student/Child(ren) provide: _____ Relationship: _____
 Address: _____ Phone Number: _____

Page 1 OF 2 (SEE PAGE 2 FOR COMPLETE AND SIGNATURES)

Page 2 OF 2 (SEE PAGE 1 FOR COMPLETE AND SIGNATURES)

APPLICANT'S SIGNATURE (TO BE SIGNED BY PARENT/GUARDIAN): I hereby give consent for the following medical care procedures/first aid to be administered to my child(ren):
 Student Name: _____ Phone Number: _____
 Student Address: _____ Phone Number: _____
 Student City/State/Zip: _____ Phone Number: _____
 Emergency Provider: _____ Emergency Room Phone Number: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any medication deemed necessary to relieve severe distress and to stabilize the situation pending professional medical assistance, (2) a medical procedure of an emergency nature, and (3) the transfer of the child to any hospital reasonably available. The undersigned does not have any objection to the medical personnel of the above described institution or facilities, concerning the necessity for such actions, an consent prior to the performance of such actions. Upon receiving the child's medical history including allergies, medications being taken, and any physical impairments or other pertinent medical history.

Name: _____ Signature of Parent/Guardian: _____
 Address: _____

Page 2 - SIGNATURE TO COMPLETE

APPLICANT'S SIGNATURE (TO BE SIGNED BY THE EMERGENCY PROVIDER):
 I have read this form to the emergency medical personnel of the school in the event of illness or injury requiring emergency treatment, I seek the school's authorization to take the following action:
 Name: _____ Signature of Parent/Guardian: _____
 Address: _____

FORM A
PROCEDURES 1017
RESEARCH APPLICATION FORM
 Adopted: Motion #2008, March 18, 2008

Brandon School Division
Research Application Form

The Brandon School Division welcomes researchers and appreciates the efforts to support student achievement. Numerous applications for research are received annually and, unfortunately, not all projects can be accommodated. The Research Advisory Committee **WILL, NOT CONSIDER** incomplete application forms nor will the Committee accept research proposals attached to an incomplete application form. It is the responsibility of the researcher to ensure that the essential information necessary for the Committee to make an informed decision is provided in this application form. Policy and Procedures 1017, outline what is required by the Committee.

1. Information About Researcher

Applicant's Name: _____
 Address: _____ Postal Code: _____
 Telephone: Home: _____ Office: _____
 Email: _____
 Position Title: _____
 Institution: _____

2. Title of Proposed Research:

3. Complete if Applicable:

Name of sponsor/thesis advisor: _____
 Department: _____ Phone: _____
 Institution: _____
 Position Held: _____

Specialty Medication Prior Authorization Cover Sheet

(This cover sheet should be submitted along with a Pharmacy Prior Authorization Medication Fax Request Form. Please refer to www.uhcommunityplan.com for medication fax request forms.)

Patient Information			
Patient's Name _____			
Insurance ID _____	Date of Birth _____	Height _____	Weight _____
Address _____			
City _____		State _____ Zip _____	
Phone Number _____	Alternate Phone _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Provider Information			
Provider's Name _____		Provider ID Number _____	
Address _____		City _____ State _____ Zip _____	
Suite Number _____		Building Number _____	
Phone Number _____		Fax Number _____	
Provider's Specialty _____			
Medication Information			
Medication _____	Quantity _____	ICD10 Code _____	
Directions _____	Diagnosis _____	Refills _____	
Physician Signature** _____		CSW (initial here) _____	
<p>Physician Signature**: By signing above the physician is providing the specialty pharmacy with a prescription that can be used to facilitate the dispensing and/or coordination of delivery for the requested medication.</p>			
Medication Instructions			
Has the patient been instructed on how to self-administer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this medication a New Start? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO please provide the following: Initiation Date: / / Date of Last Dose: / /			
**Please attach any pertinent clinical information that would pertain to support stated diagnosis. Additional clinical information may be needed depending on your patient's plan, including medication(s) previously tried and failed.			
Delivery Instructions			
Note: Delivery coordination requires a "Physician Signature" above and complete "Provider Information" and "Patient Information"			
Note: All necessary ancillary supplies are provided free of charge to the patient at the time of delivery.			
Ship to: Physician's Office <input type="checkbox"/> Patient's Address <input type="checkbox"/> Date medication is needed: / /			
Medication Administered: Home Health <input type="checkbox"/> Self-Administered <input type="checkbox"/> LTC <input type="checkbox"/> Physician's Office <input type="checkbox"/>			
PAGE 1 of 2			

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Example of parent consent form. How to write a parent consent form. Can dcfs talk to your child without my consent. Dcfs consent unit phone number.

Consent for Routine Medical Care 0600-501.10 | Revision Date: 05/25/16 Overview This policy guide provides information on who can consent to medical, surgical dental or remedial medical care for a child/youth. TABLE OF CONTENTS Policy Medical Consent Parent/Legal Guardian Consent Licensed Foster Parent Consent Relative Caregiver/NREFM Consent Court Authorization Child/Youth Consent Youth Over 18 and Non-Minor Dependents Consent Parent's/Guardian's Rights to be Notified and Present for Medical Examinations Procedure Consent for Routine Medical Care CSW Responsibilities Notifying Parents/Guardians of Medical Exams CSW Responsibilities Authorized Medical Treatment ER/Case-Carrying CSW Responsibilities Approvals Helpful Links Attachments Forms Referenced Policy Guides Statutes Version Summary This policy guide was updated from the 07/01/14 version to remove emergency medical consent and HIV testing from this policy as the information exist in their own separate policies. The name of the policy was changed to reflect the current information. Also, a new section regarding parent's/guardian's rights was added. POLICY Consent for medical, dental, remedial, or psychiatric treatment requires that the person giving consent (including the youth if they are eligible to give consent) must be informed of the nature of the treatment, the reason for the treatment, and possible outcomes and side effects of the treatment by the health care provider. In cases where the youth is giving consent, it is the responsibility of the health care provider to establish that the youth is capable of giving informed consent. If the health care provider determines that the youth is not able to provide informed consent, the youth's consent cannot be used. A child's attorney does not have legal authority to give consent for medical procedures. In most cases, a child's parent or legal guardian has legal authority to consent to medical and psychiatric treatment for a child, unless the child can consent for themselves. However, parents cannot provide consent if: Parental rights have been terminated The court has limited the parent's ability to consent The child is under legal guardianship A parent whose parental rights have not been terminated by the Juvenile Court cannot consent to medical treatment in the following situations: Abortion on the objection of the pregnant youth. Private Psychiatric Hospitalizations Psychiatric Medication (under certain circumstances). A legal guardian, appointed by the Juvenile Court or Probate Court cannot consent to the same medical and dental procedures as a parent in the following circumstances: If the letters of guardianship limit this right in any way If the youth is fourteen (14) or older, the legal guardian may consent to surgery. But, the youth must also consent unless the legal guardian determines in good faith, based on medical advice, that the case is an emergency in which the youth faces loss of life or serious bodily injury if the surgery is not performed. In cases where parents or legal guardians cannot, or will not give consent, DCFS can authorize medical treatment of a child with a court order. If the child is placed with a licensed foster parent, the licensed foster parent can consent to routine medical and dental care. The court can authorize medical treatment for a dependent child when: The medical procedure is recommended by the child's physician or dentist; and The parent objects or is not available to consent; and The procedure is not one to which the child or CSW has the statutory authority per WIC 369(a). Per California minor consent laws, any youth may consent to their own treatment without parental consent, or DCFS approval in the case of dependent youth, in the following circumstances: A child/youth, of any age, who has been a victim of a sexual assault, can consent to diagnosis, treatment, collection of medical evidence and care related to the sexual assault. The medical practitioner must attempt to contact the child's parent or legal guardian, unless it is believed that the parent or legal guardian is the perpetrator. A youth, of any age, can consent to termination of her pregnancy without a court order or parental consent or notice. A youth, of any age, may consent to medical, hospital, or surgical care related to prevention or treatment of pregnancy, except sterilization. Treatment includes contraception, pregnancy testing and prenatal care If surgery is required, DCFS should be informed for coordination of care. The specifics need not be shared if it's related to abortion and treatment of STDs A youth must sign an authorization to release information of records related to services that the minor consented to, or could have consented to. A youth is twelve (12) or older and came into contact with a Reportable Communicable Disease, can consent to medical, hospital, and surgical care related to the diagnosis or treatment of any infectious, contagious, communicable, or sexually transmitted disease. A youth is twelve (12) or older, who is alleged to have been raped, can consent to diagnosis, treatment, and medical evidence collection related to the alleged rape. A youth twelve (12) or older can consent to HIV testing. They are also permitted to disclose results, prohibit disclosure of the testing, and provide written authorization for disclosure. A youth is twelve (12) or older, seeking treatment of a drug or alcohol-related problem can consent to the medical care and counseling relating the diagnosis and treatment of that problem. The youth cannot consent to narcotic replacement therapy, such as methadone maintenance. A youth is fifteen (15) or older, living apart from their parents/legal guardian and managing their own financial affairs, can consent to medical or dental care. A youth seventeen (17) or older can consent to donating their blood. Youth, eighteen (18) and older who are dependents of the court, including Non-Minor Dependents can consent to their own medical care without court authorization, unless there is a court order that does not allow them to do so (e.g. conservatorship). If the youth refuses medical treatment and that places them in serious harm, or at risk of death, County Counsel must be contacted to discuss next steps, as a court order may be required. Parent's/Guardian's Rights to be Notified and Present for Medical Examinations Parents/guardians have a right to be given notice of medical exams and procedures their children are scheduled to undergo, as well as the right to be with their children while they are receiving medical exams and procedures, or to be in a waiting room or other nearby area if there is a valid reason for excluding them while all or a part of the medical procedure is being conducted. Therefore officials (CSWs, law enforcement, etc.) cannot exclude parents from the room where their child is receiving medical attention unless there is either parental consent, a valid reason for exclusion, or an emergency requiring immediate medical attention. A valid reason to exclude a parent from the room where their child is receiving medical attention may include circumstances where authorities have reasonable cause to believe that the parent is abusive or will interfere in the examination in a significant way, or where the non-abusive parent is so emotionally distraught that they would disrupt the examination. If there is a valid reason to exclude family members from the examination room, a parent's right to be present in the examination room may be limited to being near the examination (e.g. in the waiting room or another nearby area). Parents must be notified in all instances when their child is to receive medical attention, including instances where parental consent is not obtained. Efforts to notify the parents of the medical examination or procedure should be documented. If a CSW determines that he/she needs to exclude a parent/guardian from the medical examination, even if that medical examination was ordered by the court, the CSW should consult with his/her SCSW for guidance. The SCSW will consult with the Warrant Liaison or County Counsel as needed. Any decision to exclude a parent/guardian from the examination must be documented by the CSW in the case contact notebook. Back to Policy PROCEDURE CSW Responsibilities In Pre-Disposition cases, when the child is in temporary custody: If unable to get the licensed caregiver's signature, complete the DCFS 4158 and give a copy to the caregiver to show that the child is placed with them. If the parent signed the DCFS 179, give a copy to the caregiver. Place a copy of the 179 and the originals of the 179-MH and 179-PHI in the case file. In Post-Disposition cases, when the child is suitably placed: If the parent refuses to sign the DCFS 179 or the parents cannot be located, after giving notice to the parents, request the court grant DCFS the ability to authorize medical, surgical, dental, or other remedial care for the dependent child by licensed practitioners. Once court authorization is obtained, provide the caregiver with the signed DCFS 4158. Back to Procedure Notifying Parents/Guardians of Medical Exams CSW Responsibilities Remind the caregiver to notify the CSW as soon as medical appointments are made. Reasonable efforts must be made to notify parents/guardians of all medical exams via phone, text or email as soon as the CSW becomes aware of the date, time and place. Document the notification in the contact notebook and court reports under the medical section. Court Authorized Medical Treatment ER/Case-Carrying CSW Responsibilities Completely fill out all fields on the DCFS 4225. Report of Children's Social Worker with Recommendation of Authorization for Medical Care. Attach the completed DCFS 4158-2 from the physician or dentist describing the treatment recommended for the child's problem. Use the DCFS 4225 to document the reason why the child's parents and or legal guardian cannot consent to medical treatment. Complete the following fields in the Authorization for Medical Care section of the DCFS 4225: Name and phone number of hospital, clinic, or physician Print your name, sign, and date the DCFS 4225. Fax the completed DCFS 4225, 4158-2, Physician's Questionnaire, and any supporting documentation to the Court Liaison at (323) 881-3780. Back to Procedure APPROVALS None HELPFUL LINKS Reportable Communicable Diseases Forms DCFS 179, Parental Consent and Authorization for Medical Care DCFS 179-MH, Parental Consent for Child's Mental Health/Developmental Assessment and Participation in Mental Health/Developmental Services DCFS 179-PHI, Authorization for Disclosure of Child's Protected Health Information (includes a Revocation of Authorization) DCFS 450, Parent's/Guardian's Consent for HIV Test DCFS 451, Child's Consent for HIV Test DCFS 1688-1, DCFS Worker's Report to the Juvenile Court of Death, Injury, or Illness DCFS 4158, Authorization for General Medical Care for a Child Placed by an Order of the Juvenile Court DCFS 4158-A, Authorization for Emergency Medical Care for a Child Pursuant to WIC 369 DCFS 4158-2, Physician's Questionnaire DCFS 4225, Report of Children's Social Worker with Recommendation of Authorization for Medical Care DCFS 4334, Court Medical Consent-Medical Emergency Worksheet DCFS 5402, Notice to Child's Attorney Re: Child's Case Status Referenced Policy Guides 0600-501.15, Consent for Emergency Medical Care 0070-548.20, Taking Children into Temporary Custody 0600-501.09, Consent for Mental Health Treatment 0600-502.20, HIV/AIDS Testing and Disclosure of HIV/AIDS Information 0600-507.10, Youth Development Reproductive Health 0600-514.10, Psychotropic Medication: Authorization, Review, and Monitoring for DCFS Supervised Child 0600-505.20, Hospitalization of and Discharge Planning for DCFS-Supervised Children Statutes California Supreme Court Decisions, American Academy of Pediatrics vs. Lungren 1997 - States that girls as young as twelve (12) can obtain abortions without their parent's knowledge or consent. Family Code (FC) Section 6550(a) - States that a relative caregiver who meets the criteria in the caregiver's authorization affidavit can consent to medical and dental treatment, with some exceptions. FC Section 6922(a) - States that a minor can consent to their medical or dental care if they are fifteen (15) or older, living apart from their parents/legal guardian, and managing their own financial affairs. FC Section 6925(a) - States that a minor can consent to medical care related to prevention or treatment of a pregnancy. This section does not authorize a minor to be sterilized without consent of their parent or legal guardian. FC Section 6926(a) - States that a minor, twelve (12) or older can consent to medical care related to the diagnosis or treatment of a disease if the disease or condition is one that is required by law or regulation to be reported to the local health officer or is a related sexually transmitted disease, as determined by the State Director of Health Services. FC Section 6927 - States that a minor, twelve (12) or older who is alleged to have been raped can consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape. FC Section 6928(b) - States that a minor, alleged to have been sexually assaulted can consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged sexual assault. FC Section 6929 - States that a minor, twelve (12) or older can consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem. Health and Safety Code Section 1530.6 - States that persons licensed to provide residential foster care to a child placed with them by order of juvenile court or voluntarily placed with them by persons, who have legal custody of the child, can give consent for ordinary medical and dental treatment for the child. Welfare and Institutions Code (WIC) Section 362(a) - States that when a child is adjudged a dependent child of the court, per Section 300, the court may make any and all reasonable orders for the care, supervision, custody, conduct, maintenance, and support of the child, including medical treatment. WIC Section 369(a) and 369(b) - States that whenever a person is taken into temporary custody and is in need of medical, surgical, dental, or other remedial care, the social worker may authorize this care upon the recommendation of the physician, surgeon, or dentist. The social worker must notify the parent/legal guardian/person standing in loco parentis of the care needed before the care is provided to the child. If they object, the care can only be given with a court order. WIC Section 369(c) - States that when a dependent child of the juvenile court is placed by order of the court within the care and custody under the supervision of a social worker in the county in which the child resides, and it appears that there is no parent/legal guardian/person capable or willing to authorize treatment for the child, the court can, after providing notice to the parent/legal guardian/person standing in loco parentis, order that the social worker can authorize medical, surgical, dental, or other remedial care, as needed. WIC Section 369(d) - States in part that when a child requires immediate emergency medical, surgical, dental, or other remedial care, in an emergency situation, the care can be provided by a licensed physician, surgeon, or dentist, without a court order, and upon authorization of the social worker. Back to Helpful Links

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