

Consent To Prescribe Opioid to a Minor

Background:

California law requires that in non-emergency circumstances, a minor may only be prescribed opioid medications (morphine-like drugs) if the prescriber first discusses the potential risks associated with the medication with the minor and also with the minor's parent, guardian or an adult authorized to consent to the minor's medical treatment. This consent form memorializes that the prescriber discussed the risks associated with opioid medications with _____ (parent/guardian/authorized adult) of _____ (minor patient.)

Patient Name: _____

Parent/Guardian/Authorized Adult Name: _____

Date: _____

Patient's Date of Birth: _____

Diagnosis: _____

Treatment: _____

Name of Medication (brand or generic name): _____

Quantity: _____

Dosage: _____

Number of Refills (if applicable): _____

List of all current (prescription and nonprescription) medications:

Medication	Dose
_____	_____
_____	_____
_____	_____
_____	_____

Facts for Consideration:

The medication being prescribed above is a controlled substance containing an opioid. This means the medication has been identified by the United States Drug Enforcement Administration (DEA) as having a potential for abuse, dependence or misuse.

Please review the information listed below acknowledging that Dr. _____ (prescriber) has discussed the risks associated with the use of opioids and has given you an opportunity to ask questions (parent/guardian/authorized adult) of _____ (minor patient.) These risks include, but are not limited to, the following:

- _____ Addiction: Is more common in people with personal or family history of addiction, but can occur in anyone.
- _____ Physical side effects: May include mood changes, drowsiness, nausea, constipation, urination difficulties, depressed breathing, itching and bone thinning.
- _____ Problems with coordination or balance: May make it unsafe to operate dangerous equipment or vehicles or to cook or perform various tasks at work or school.
- _____ Physical dependence: Abrupt discontinuation of the drug may lead to withdrawal symptoms including runny nose, diarrhea, abdominal cramping, "goose flesh" and/or anxiety, etc.
- _____ Psychological dependence: It is possible that discontinuation of the drug may cause missing the medication or craving it.
- _____ Tolerance: A dose of an opioid may become less effective overtime even though there is no changes in the physical condition.
- _____ Allergic reactions.
- _____ Overdose: May cause harm or even death.
- _____ Risk to unborn child: Risks to unborn children may include physical dependence at birth, possible alterations in pain perception and possible increased risk for development of addiction, among others.
- _____ Sleep apnea (periods of not breathing while asleep): May be caused or worsened by opioids.
- _____ Hyperalgesia: Increased sensitivity to and/or increasing experience of pain caused by the use of opioids may require change or discontinuation of medication.
- _____ Life-threatening irregular heartbeat.

As a prescriber, I certify that I have discussed with both the minor, as well as with the minor's parent/guardian/authorized adult the following items:

- _____ The risks of addiction and overdose associated with the use of opioids.
- _____ The increased risk of addiction to an opioid to an individual suffering from mental or substance abuse disorders.
- _____ The danger of taking an opioid with a benzodiazepine, alcohol or another central nervous system (CNS) depressant.

Prescribing Dentist's Signature

Date

Parent/Guardian/Authorized Adult's Signature

Date

Witness' Signature

Date