Start Talking!

Consent Form

for Prescribing Opioids to Minors

Patient Name:
Date of birth:

Prescription name & quantity:
Number of refills:

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

I certify that I have discussed the following with the minor patient and the patient's parent, guardian or authorized adult:

(a) The risks of addiction and overdose associated with a controlled substance containing an opioid;

(b) The increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders;

(c) The dangers of taking controlled substances containing opioids with benzodiazepines, alcohol or other central nervous system depressants;

(d) Any other information in the patient counseling information section of the labeling for the medication required by Federal law.

_____

Signature of prescriber Date

_____

Parent/Guardian Date

_____

Adult Authorized to Consent to Minor's Treatment* Date

*An adult to whom a minor's parent or guardian has given written authorization to consent to the minor's medical treatment. The prescription must be limited to not more than a single 72-hour supply if the person consenting to treatment is an adult authorized to consent to a minor's treatment. See, Section 3719.061, Ohio Revised Code.

See the Start Talking! website for tips on talking to kids about drugs
StartTalking.ohio.gov

Patient Name
Date of Birth or
Medical Record Number