

Request for Copy of Psychotropic Medication (or Other*) Consent

All requests for copies of consents must FIRST be made to the child's caseworker/supervisor.

If the copy is not received in a timely manner AND the consent was a psychotropic medication consent or a different type of consent that was issued by the DCFS Consent Unit, complete this request form and fax to the Consent Unit at (312) 814-4128.

Date of request: _____

Child's name: _____

Date of birth: _____ DCFS I.D. #: _____

Check appropriate box for type of consent request:

Psychotropic medication

Date medications were approved: _____

List medications: _____

Other (only for consents issued by the Consent Unit *)

Date approved: _____

Procedure/medication: _____

To be completed by medical or other provider:

Date request made to child's caseworker/supervisor: _____

Caseworker name: _____ Phone number: _____

Requestor's Name: _____ Title: _____

Phone: _____ Requestor's fax number: _____

To be completed by requesting DCFS / POS caseworker:

Caseworker's Name: _____

Phone: _____ Fax number: _____

Requests will be processed within 5 – 7 business days of date received.

* The DCFS Consent Unit cannot provide copies of medical consents signed by authorized agents at the DCFS Regional or Field Office. The caseworker must obtain these documents.