Form K-905-2759
Revised November 2013

ACKNOWLEDGEMENT AND CERTIFICATE OF COMPLETION OF MEDICAL CONSENT TRAINING

CHILD PROTECTIVE SERVICES – MEDICAL SERVICES

Purpose: Use this form to document completion of initial (pre-service for licensed residential operations) and annual training by the medical consenter (includes primary or backup) on the responsibilities of Medical Consent for children and youth in DFPS conservatorship.

Directions: After completing medical consent training and signing this form, the medical consenter provides a signed copy to the child's primary caseworker at the time the medical consenter is being designated for a child. The CPS caseworker files a copy of the signed form in the child's section of the case file. For questions about this form or assistance with its completion, please contact the CPS caseworker for the child, your agency case manager or the DFPS Medical Consent mailbox at: Medical.Consenter@dfps.state.tx.us

I _____ acknowledge that I
Medical Consenter (print name)

- have received the DFPS approved Medical Consent training,
- understand the principles of informed consent for all types of healthcare, and
- understand the principles of informed consent for psychotropic medications, and that non-pharmacological interventions should be considered and discussed with the prescribing practitioner before consenting to the use of a psychotropic medication.

_____ _____
Signature – Medical Consenter *Date Signed*

CERTIFICATE OF COMPLETION

This certifies that _____ has completed a two and a half hour
(Medical Consenter)

☐ Caregiver Medical Consent Training ☐ Caseworker Medical Consent Training

on _____ (date).

Issued by _____
(DFPS Staff or Residential Child Care Provider)