

**Continue**

Dcfs consent forms

Can foster parents sign medical consent forms. Legal consent form example. dunham classification of carbonate rocks Can dcfs take my child. Legal age to sign consent form.

Back to Top ^ 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 License Doctor Parent Consent Relative Caregiver/NREFM Consent Court Authorization Child/Youth Consent Youth Over 18 and Nonminor 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 Court 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 exists in the 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 .



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 over 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. Surgery, anesthesia or other invasive procedures are recommended. 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.

DIAGNOSIS, TREATMENT, COLLECTION OF FEES						
AUTHORIZATION FOR RELEASE OF INFORMATION FROM DCF						
NOTE: A separate Authorization for Release of Information from DCF form must be completed by each employee of a childcare facility and each member of a family day care provider's household who is 16 years of age or older.						
I, (Your Name), do hereby authorize the Department of Children and Families, or any of its employees, to release any records for any and all information concerning any other findings, Department of Children and Families, neglect, substance abuse, education, HIV, psychological conditions and other findings, etc., that I have held about, and to release this information in whole to the Office of Early Childhood (OEC). I further authorize the OEC to release any final DCF license or certificate of registration to the Office of Early Childhood (OEC) for the purpose of determining the availability or the suitability of an adult who resides in my household to provide childcare services. I release the DCF and OEC from any liability for any damages I may incur, which may result from the release or use of this information. I submit this application to the Office of Early Childhood (OEC) in their search and to assist the OEC in the decision making. This release is valid throughout the term of the license or approval.						
Type of Child Care Facility (Check One):						
<input type="checkbox"/> FAMILY DAY CARE HOME (Circle one): PROVIDER / HOUSEHOLD MEMBER / SUBSTITUTE / ASSISTANT						
<input type="checkbox"/> CHILD CARE CENTER GROUP DAY CARE HOME						
Name of Provider OR Facility _____						
Address (No./Street/City/State/Zip): _____						
Day Care License # _____ (Enter "PENDING" or "New License")						
YOUR INFORMATION: Name _____ Date Of Birth _____						
<input type="checkbox"/> Male _____ <input type="checkbox"/> Female _____ Social Security Number _____						
Other names you have used (maiden, married, etc.): _____ (Enter "N/A" for none)						
YOUR SIGNATURE: _____ CURRENT DATE: _____						
YOUR RESIDENCE FOR THE LAST FIVE YEARS:						
30. Street City State Zip Code # Years / # Months						
1. PRESENT Address: _____ How long did you live there? _____						
2. PREVIOUS Address: _____ How long did you live there? _____						
3. PREVIOUS Address: _____ How long did you live there? _____						
Continue on the reverse side of this form if necessary.						
INFORMATION BELOW MUST BE COMPLETED BY ALL FAMILY DAYCARE HOMES						
CHILDREN WHO HAVE LIVED WITH YOU: List all the children who have ever lived with you.						
First Name Last Name Date of Birth Sex (Check) Social Security Number Lives or lived with you (Check One)						
(_____) (_____) (_____) Male _____ Female _____ Probate _____ Probate _____						
(_____) (_____) (_____) Male _____ Female _____ Probate _____ Probate _____						
(_____) (_____) (_____) Male _____ Female _____ Probate _____ Probate _____						
(_____) (_____) (_____) Male _____ Female _____ Probate _____ Probate _____						
Continue on the reverse side of this form if necessary.						
<input type="checkbox"/> CHECK HERE IF USING REVERSE SIDE						
Return Form to:						

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 can 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 to 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 is seventeen (17) or older can consent to obtain their blood. Youth, eighteen (18) and older who are dependents of the court, including Nonminor 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 if 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 parent 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.

Bibliography – 2023-2024

Alshor, Amal. "Visual Influences of the American Blackface." *Journal of Black Performance and Politics* 1, no. 1 (2019): 160–76. A detailed history of the blackface campaign and its influence on representations of nonwhite actors.

Alshor, Amal. *The American Blackface: Everything Was Racist to Them, Yet They Were Black*. 2020. A study of past racism and anti-blackness in the American theater and entertainment from the 1920s. Compares representations of African Americans in theater to various cultures and their histories.

Albert, Leah. "Whiteness, Blackness, and Antisemitism." *New England Journal of American History* 104, no. 2 (2013): 26–50. An article discussing the historical relationship between race, gender, and the political status of Jews in America in communities across the Northeastern United States.

Alman, Paul. "Was Racism the Precursor of Plague?" *The British Medical Journal* 330, no. 7479 (2010): 111. A case study comparing the 1665 English plague and the 1918 influenza.

Algora, Ana. "Epidemic and Disease in the Latin American App." *Journal of Latin American Studies* 51, no. 1 (2019): 1–20. A study of the history and clinical epidemiology of the 1918 influenza pandemic focusing on disease, history, and cultural responses to disease.

Anderson, Michael. *White Lives, Black Lives: The Racial Politics of Disaster Response to Hurricane Katrina*. New Haven, CT: Yale University Press, 2014. This study looks at racism in disaster relief, examining a detailed study of the racialized nature of disaster relief in New Orleans following Hurricane Katrina and disaster preparedness in other postwar communities.

Barnett, Howard. *The Black Actor: The Negro Theater Movement 1930–1960*. 1961. A detailed history of the black theater movement in America, focusing on the political and social issues facing black actors and their struggle for racial equality and recognition.

Barron, Tony. *They Can't Handle Us: Race in the Korean War: Country, Race, and Citizenship*. 2011. This biography highlights how race, Ferguson, and racism, which were all important factors in the origins of racial inequality, contributed to the Korean War. It also examines how race and racism were used to facilitate the war by the United States.

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: Ensure the parent/guardian has signed the DCFS 179, 179-MH, and 179-PHI and that the original 179 has been given to the caregiver. The forms are also available on the Mobile Client Portal for electronic signatures. If unable to get the parent's signature on the DCFS 179, complete and sign the DCFS 4158, give the original to the caregiver, and place a copy in the child's case file. 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.

Utah DHS-DOF	Revised May 2008
INFORMED CONSENT AND RELEASE OF LIABILITY	
<p>The Utah Department of Human Services, Division of Child and Family Services is authorized to investigate any past and present child abuse information which may be pertinent to your application according to UCA 60A-4c-1006 and UCA 79-36-3.5.</p> <p>The release of any and all information is authorized whether it is in record or not.</p> <p>Please PRINT or TYPE, fill in all required information, and sign in the place marked "Applicant Signature". Please do not use initials to represent your first and middle names. However, if you are unable to read or write, please indicate. Example: J.P. (initials only). A complete street address is required in addition to P.O. Box numbers.</p> <p>All applications are required to submit a legible copy of one of the following photo identification: Valid Drivers License, State Identification Card, or Passport I.D. Please print and not write over any required information, signatures, and copy of photo ID are attached. Please send completed application with copy of photo identification to:</p> <p style="text-align: center;">Utah Division of Child and Family Services 125 South 250 West, Suite 4200 Salt Lake City, Utah 84103-1900 Attn: Child Abuse Background Review Coordinator</p>	

First Name	Middle Name	Last Name
Date of Birth (mm/dd/yy)	Social Security Number	Desire Telephone Number
Home Street Address, PO Box, City, State, and Zip Code		
Former Names Used (including Married and Unmarried Name & Dates Used from to)		
Other Names Used (Initials, Nickname, Middle Name, etc.)		
Reason you are requesting a background screening:		
<input type="checkbox"/> Private Adoption	<input type="checkbox"/> Private Adoption (International)	<input type="checkbox"/> Step Parent Adoption
<input type="checkbox"/> Employer/Volunteer work through (name of agency) _____		
<input type="checkbox"/> Other (please explain) _____		

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 (including the CSW contact information section in the lower left corner) 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. Transmit the completed DCFS 4225, 4158-2, Physician's Questionnaire, and any supporting documentation to the Court Liaison via the Walk On process (note: no Ex Parte Application and Order is required). 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/DCFS 179-PH, 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 4158-2, Physician's Questionnaire (type-fillable template) DCFS 4225, Report of Children's Social Worker with Recommendation of Authorization for Medical Care DCFS 4225, Report of Children's Social Worker with Recommendation of Authorization for Medical Care (type-fillable template) 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 0707-548.2.0, Taking Children into 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, Authorization, Review, and Monitoring for DCFS Supervised Child 0600-505.20, Hospitalization of and Discharge Planning for DCFS Supervised Children Statute 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.

authorizes 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 office or is a 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](#)

[Back to Top](#)

Consent for Mental Health and/or Developmental Assessments and Services 0600-501.09 | Revision Date: 05/12/15 Overview This policy guide provides information on obtaining consent for mental health and/or developmental (Regional Center) assessments and services, including steps to take when consent is denied or unavailable, and steps to take when a child/youth refuses services. TABLE OF CONTENTS Policy Consent for Mental Health and/or Developmental Assessment and Services Youth Twelve (12) Through Seventeen (17) Providing Consent Nonminor Dependent (NMD) Consent Withdrawal of Consent Protected Health Information (PHI) Procedure Consent for Newly Detained Child/Youth with Court Ordered FR Cases or Youth with New Court Supervised FM Cases, a Positive MHST, Observation of Behavioral Indicator, or Potential Developmental Delay ER/ERCP CSW Responsibilities Consent for Child/Youth with New or Existing VFM/VFR Cases, a Positive MHST, Observation of Behavioral Indicator, or Potential Developmental Delay ER/ISW/Case-Carrying CSW Responsibilities Consent for Child/Youth in Existing Court Cases with a Positive MHST, Observation of Behavioral Indicator, or Potential Developmental Delay ISW/Case-Carrying CSW/DI (Pre-Dispo) Responsibilities ISW/Case-Carrying CSW Responsibilities Parent/Legal Guardian Withdraws Consent on a Court Supervised Case Case-Carrying CSW/DI (Pre-Dispo) Responsibilities Case-Carrying CSW Responsibilities Child/Youth Refuses to Participate in Mental Health and/or Developmental Services 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 add "Qualified Relatives" who may consent; change the age requirement for consent from 12 to 15 for emancipated minors and; added CSW authorization to inform 12+ youth of their legal rights re: consent to treatment. Added information regarding nonminor dependent (NMD) consent, use of DMH hotline for emergencies and Health & Education Passport requirements and notifications. POLICY Children/youth receiving ongoing child welfare services from DCFS (voluntary or court) who have a positive Mental Health Screening Tool (MHST), or Observation of a Behavioral Indicator, must be referred to appropriate mental health services, per the Katie A. settlement. Multidisciplinary Assessment Teams (MAT) and Coordinated Services Action Teams (CSAT) are available to CSWs in all Regional Offices to ensure that these services can be accessed. Consent is required for all children/youth that have a positive MHST result, or children/youth, who, through the MAT assessment or medical examination, are referred to a Regional Center. CSWs are responsible for obtaining consent from a parent/legal guardian via their signature on the DCFS 179-MH, Parental Consent for Child's Assessment and Participation in Mental Health and/or Regional Center. In some cases, if the child is twelve (12) years or older, the mental health services provider may obtain consent directly from the youth in lieu of parental consent. Children/youth receiving child welfare services may need early intervention, developmental and/or special education assessments and services as well as mental health assessments and services. The parent/legal guardian is legally responsible for making decisions on the child's behalf regarding early intervention, developmental and educational assessments and services. If the parent/legal guardian is unable or unwilling to fulfill this responsibility, the court may limit the parent's educational and/or developmental services decision-making rights, and appoint a Holder of Education Rights (HER) and/or Developmental Services Decision Maker (DSDM). If the child has a HER and/or DSDM, this person provides consent for early intervention, developmental and/or educational assessments and services. Parent(s)/legal guardian(s) do not have the legal authority to consent to mental health and/or

CFPS 2012
Rev. 3/2012
State of Florida
Department of Children & Family Services

Print Form
 E-Mail Form

FOSTER PROBLEDOPT PROCEDURE SERVICES-LICENSEE TRAINING REFERRAL FORM

Participants must be referred to an agency worker for all FOSTER PROBLEDOPT PROCEDURE. This form is NOT to be completed by providers.

Not for providers. Twenty five (25) hours of FOSTER PROBLEDOPT PROCEDURE training are required for licensing to an individual or organization. See the Florida Department of Children and Families (DCF) website for more information.

Additional information about the training licensing requirements for all licensees in Florida can be found on the DCF's DCF Business page, or the Florida Department of Children and Families website.

For more information, contact the DCF by e-mail using the "E-Mail Form" button on the upper right hand corner.

Printed Name _____

Applicants have received/obtained their Application form.

Applicants have been assigned a license status/Screening/

Applicants have received/obtained their license/Screening/

Applicants have received