



Consent to Use Medication as a Behavioral Intervention

_____ (participant) has the following medication(s) prescribed for help with behavioral control. This medication is administered by ABLED, Inc. staff who are also responsible for taking this participant to the prescribing physician on a regular basis to review the medication(s) and the effectiveness on the identified behaviors. This document outlines the medications prescribed, the reason for which they are prescribed, the name of the doctor who prescribed the medication, possible side effects are available on the MAR under “Drug Details”.

Name of Medication	Reason Prescribed	Prescribing Physician

I, _____, guardian of _____ (participant), have reviewed the information outlined above. I give my consent continued use of the medications listed. I understand that I may request more information and may speak with an ABLED, Inc. representative or the prescribing physician to obtain that information. I understand that I may withdraw my consent for the use of this medication at any time.

Participant:

Date:

Legal Guardian: (If applicable)

Date:

ABLED, Inc. Representative:

Date: