

# CONSENT TO PRESCRIBE OPIOID MEDICATION TO A MINOR

**Background:** Pennsylvania law requires that in most non-emergency circumstances, a minor may only be prescribed opioid medications (morphine-like drugs) if the prescriber first discusses the potential risks associated with the medication with the minor and also with the minor's parent, guardian, or an adult who has a valid health care proxy to consent to the minor's medical treatment. This consent form memorializes that the prescriber discussed the risks associated with opioid medications with you and the minor-patient. Please review the information listed and put your initials next to each item after you and the minor-patient have discussed the risks with the prescriber and feel you understand and accept what each statement says.

Patient Name:
Patient's Date of Birth:
Name of Parent/Guardian/Authorized Adult:

\_\_\_\_\_  
Signature of parent/guardian/authorized adult  
*Circle the appropriate relationship*

\_\_\_\_\_  
Dated

Name of Medication (brand or generic name):
Quantity:
Amount of initial dose:
Number of refills:*

*The medication being prescribed above 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.*

As the responsible prescriber, I certify that I have discussed with both the minor, as well as with the minor's parent/guardian/authorized adult the following items:

- |  | Adult<br>Initial |
|--|------------------|
| (i) The risks of addiction and overdose associated with the controlled substance containing an opioid.   | _____            |
| (ii) The increased risk of addiction to controlled substances to individuals suffering from mental or substance use disorders.                                   | _____            |
| (iii) The dangers of taking a controlled substance containing an opioid with benzodiazepines, alcohol or other central nervous system depressants.               | _____            |
| (iv) Any other information in the patient counseling information section of the labeling for controlled substances containing an opioid that I deemed necessary. | _____            |

\_\_\_\_\_  
Signature of prescriber

\_\_\_\_\_  
Dated

*\* If the adult consenting to treatment is someone other than a parent or guardian (i.e. an authorized adult acting pursuant to a valid health care proxy), the prescription for an opioid-containing drug must be limited to not more than a single, 72-hour supply and must indicate on the prescription the quantity that is to be dispensed pursuant to the prescription. (35 Pa.C.S. 52A04(c))*

**This form must be maintained in the minor's record with the prescriber.**