

BENZODIAZEPINE AND NON-BENZODIAZEPINE HYPNOTIC MEDICATIONS

INFORMED CONSENT FOR PARENTS/GUARDIANS OF MINORS

No practitioner shall prescribe a benzodiazepine or a non-benzodiazepine hypnotic for a minor without first obtaining a parent's or guardian's signed informed consent, except in the case of emergency treatment or for treatment associated with neuromuscular disabilities.

 Please review the information listed here and put your initials next to each item after you have reviewed it with your provider. You should understand what each statement means and how it might impact your child.

_____ Benzodiazepine or non-benzodiazepine hypnotic medications are being prescribed for the following reason(s): _____.

_____ The provider has discussed the possible risks and benefits of taking these medications, and has discussed the following alternative forms of treatment: _____.

_____ When taking these medications, there is a slight risk of behavioral changes, hallucinations, imbalance leading to falls, thoughts of self-harm, and hostility, as well as complex sleep behaviors such as sleepwalking, depression, and suicide.

_____ Serious side effects can occur when these medications are mixed with other medications. Using these medications and opioids together may result in intense sedation, respiratory depression, coma, and death. If your minor is prescribed either of these medications, and he or she is using opioids, discuss the situation with your medical provider(s) immediately. (Opioids include prescription medications such as Percocet, OxyContin, and Vicodin, as well as illegal substances such as heroin and fentanyl-laced drugs.)

_____ These medications may be associated with misuse and abuse due to their potentially mind-altering effects. The medications should be taken exactly as prescribed; any change to the prescribed instructions should be first discussed with the prescribing provider.

_____ Anyone can develop an addiction to these medications, but people with a history of mental illness and drug or alcohol use in the past are at greater risk. The prescribing provider is aware of the patient's history of drug misuse, including anyone in the patient's family who has had any of these types of problems.

_____ While these medications may be useful for short-term use, long-term use of these medications can cause physical dependence, which can occur after several days of daily use. Withdrawal symptoms may occur and potentially be life-threatening. The prescribing provider should be consulted prior to stopping the medicine.

_____ This form has been reviewed, and any questions have been answered. I understand each of the statements written here and, by signing, give my consent for _____ (Minor Patient Name) to receive a prescription for benzodiazepine or non-benzodiazepine hypnotic medications.

Parent/Guardian Signature

Parent/Guardian Name (printed)

Date

Provider Signature

Provider Name (printed)

Date

