



### Parent Consent Form: ADD/ADHD Appointments (1<sup>st</sup> Visit Only)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, being the parent of \_\_\_\_\_, hereby agree to an ADD/ADHD treatment plan that the physicians at Concord Children’s Clinic have recommended for my child. This treatment plan requires that I must do my part to ensure that my child is taking his/her medication as prescribed. I agree with the guidelines listed below.

(Initial below)

- I will make an appointment for my child’s Well Child Check once every year.  
(Refills for medications cannot be made if you child is behind on their annual well visit) \_\_\_\_\_
- I will make certain a Vanderbilt Teacher Follow Up Forms are completed and sent to the physician prior to each follow up appointment. \_\_\_\_\_
- I will make a follow up appointment with the physician every 3-4 months to get refills for my child’s ADD medication.  
(It will be necessary to call a month in advance to schedule the appointment) \_\_\_\_\_
- I will bring my child for a follow up appointment within the month after starting the medication before it runs out.  
(Follow up appointment needs to be scheduled at the time of the initial appointment) \_\_\_\_\_
- I will give the physician at least 3 business days to refill my child’s prescription.  
(Prescriptions can be electronically transmitted to the pharmacy or be given to the parent in person) \_\_\_\_\_

To ensure that your child continues to get his/her medication, it is important that you comply with these guidelines.

**Parental Consent**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_