

**CARDINAL CUSHING CENTERS HANOVER, MA  
MEDICAL CONSENT FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**I HEREBY GIVE CONSENT FOR:**

- |  |     |    |
|--|-----|----|
| 1. Emergency treatment thought essential by school medical consultants, when a delay to obtain consent might complicate the condition.   | YES | NO |
| 2. The dispensation of medications as ordered by a physician and/or nurse practitioner in an emergency.  | YES | NO |
| 3. Emergency Dental care.  | YES | NO |
| 4. Participation in the Mental Health program, which includes psychological and Psychiatric services as needed.  | YES | NO |
| 5. Participation in the medication clinic conducted by the consulting psychiatrist with permission to have medication changes done as deemed medically necessary. Parents/guardians will be informed by phone by the Clinical Director and in writing by the nursing staff of any changes. | YES | NO |
| 6. Dispensation of medications at Cardinal Cushing Centers by licensed and unlicensed personnel who have completed the DPH Medication Training Program.  | YES | NO |
| 7. Dental care to be arranged under special circumstances.   | YES | NO |
| 8. Annual physical examinations including immunizations per DPH recommended guidelines can be arranged under special circumstances.  | YES | NO |
| 9. Referrals to specialists as deemed necessary by Primary Care Physicians   | YES | NO |
| 10. First Aid  | YES | NO |
| 11. Full eye examination through N.E. Eye Institute Vision Clinic & follow-up as needed (insurance approval required)  | YES | NO |

**SEIZURES:** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

This form will be completed upon admission and will be recorded to indicate my permission, as well as my understanding, that the expenses involved cannot be incurred by Cardinal Cushing Centers and is the responsibility of:

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian (Please Print Name)

**Routine medical and dental care will continue with established providers and will be co-ordinated by family.**

\_\_\_\_\_  
Parent/Guardian Signature Date