

## **IMPORTANT INFORMATION FOR PARENTS**

- **PARENTS ARE RESPONSIBLE FOR MEDICATIONS. THIS MEANS THAT NO CHILD UNDER THE AGE OF 18 IS TO HAVE POSSESSION OF THEIR BOTTLE (S) OF MEDICATION. PARENTS ARE TO KEEP MEDICATION IN A SAFE PLACE, PREFERABLY LOCKED UP, AND DISPENSE THE MEDICATION DAILY TO THEIR CHILD AS DIRECTED. PARENTS ARE TO MAKE SURE THEIR CHILD SWALLOWS THE MEDICATION. IF YOU ARE UNABLE TO DO THIS, PLEASE DISCUSS WITH DR. TAYLOR, JOYCE WECKL, OR FERNANDO CERVANTES.**
- **A PARENT OR LEGAL GUARDIAN IS TO ACCOMPANY THE CHILD TO THE APPOINTMENT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE DIRECTLY WITH DR. TAYLOR, JOYCE WECKL, OR FERNANDO CERVANTES. PARENTAL CONSENT FOR TREATMENT IS LEGALLY REQUIRED FOR MEDICATION MANAGEMENT AND PARENTAL INPUT IS VITAL IN ASSESSING YOUR CHILD'S CONDITION.**
- **PLEASE ARRIVE A FEW MINUTES EARLY FOR YOUR APPOINTMENT OR BE ONLINE IN ADVANCE OF THE APPOINTMENT TIME. WE WORK VERY HARD TO SEE PATIENTS ON TIME AND WE WANT YOU TO HAVE YOUR FULL ALLOTMENT OF TIME. THESE APPOINTMENTS ARE ONLY ABOUT 15 MINUTES LONG. IF YOU ARE RUNNING LATE, PLEASE CALL AND LET US KNOW SO WE CAN TRY TO DETERMINE IF YOU WILL NEED TO BE RESCHEDULED. THERE IS A CERTAIN AMOUNT OF TIME NECESSARY TO ASSESS YOUR CHILD BEFORE A TREATMENT DECISION CAN BE MADE. IF YOU ARE TOO LATE, THERE ISN'T ENOUGH TIME TO PROPERLY ASSESS YOUR CHILD AND THEY WILL NEED TO BE RESCHEDULED.**

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**CHILD'S NAME**

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**PARENT OR LEGAL GUARDIAN NAME**

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**RELATIONSHIP TO CHILD**

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**PARENT OR LEGAL GUARDIAN SIGNATURE**

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**DATE**

**Copy given to parent**