



## Linn-Benton Juvenile Detention

Informed consent is the agreement by a patient or guardian to treatment, examination, or procedure. The consent form is for the parent, guardian, or legal custodian of a youth under the age of 15 years. Oregon statute does not require a parent/guardian signature for youth fifteen years of age or older. The parent/guardian will be notified of emergency situations.

Detained youth have three basic rights regarding health care: the right of access to care, the right to care that is ordered, and the right to professional medical/mental health judgment. A parent/guardian's failure to provide an informed consent may result in failure to provide proper health care and can result in a finding of neglect.

All medical examinations, treatments, and procedures are governed by informed consent practices. Youth do have the right to refuse treatment. Written, verbal and electronic health records will remain confidential. Detained youth will have access to Physician and Mental Health Services: information may be requested from or forwarded to this youth's current Medical Provider/Mental Health Therapist, when deemed necessary for current physical/mental health care.

Many of the medical services provided at detention are at no cost to the parent/guardian. Some services may incur a cost and the insurance company/parent/guardian will be billed for medical services when appropriate. Payment is the responsibility of the youth's legal guardian. Emergency medications will be filled by Payless Pharmacy and billed to either the insurance provider or the legal guardian. It is the parent/guardian responsibility to provide medical insurance information to avoid billing the parent.

Medications ordered by a private health care provider, can be delivered to detention 24 hours/7 days a week. The medication must arrive in the original container and match the description on the prescription label. The label must be clear and intact. Prescription label information must be typed with the following: name of the medication, dose prescribed, the name of a prescribing health care provider, name of the dispensing pharmacy and the expiration date. Any discrepancy in the medication appearance or any suspicious medication will not be administered and will be destroyed. Medication left more than 48 hours will be destroyed. It is the responsibility of the parent/guardian to refill routine medications and provide detention with enough medication while the youth is detained.

**I have read and understand the above consent form. I hereby give my permission for \_\_\_\_\_ to receive health care and/or administration of medications by Linn-Benton Juvenile Detention Center staff. I give consent for emergent, current medical, and current mental health records to be obtained from Samaritan Health Services and/or Child and Family Mental Health Clinic, Department of Health Services.**

**History of allergic reaction to food or medication: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Name of food/medication allergy: \_\_\_\_\_**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of youth

\_\_\_/\_\_\_/\_\_\_  
date