



Start Talking!  
Consent Form  
for Prescribing Opioid to Minors

Patient Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Prescription name & quantity: \_\_\_\_\_  
The prescribed drug is a controlled substance containing an opioid. This means the medication has been identified by the United States Drug Enforcement Administration as having a potential for abuse, dependence or misuse.

I certify that I have discussed the following with the minor patient and the patient's parent, guardian or authorized adult:

- (a) The risks of addiction and overdose associated with a controlled substance containing an opioid;
- (b) The increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders
- (c) The dangers of taking controlled substances containing opioids with benzodiazepines, alcohol or other central nervous system depressants
- (d) Any other information in the patient counseling information section of the labeling for the medication required by Federal law.

\_\_\_\_\_  
Signature of Prescriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Authorized to Consent to Minor's Treatment \*

\_\_\_\_\_  
Date

\* An adult to whom a minor's parent or guardian has given written authorization to consent to the minor's medical treatment. The prescription must be limited to not more than a single 72-hour supply if the person consenting to treatment is an adult authorized to consent to a minor's treatment. See, Section 3719.061 of the Ohio Revised Code.

See the Start Talking! Website for tips on talking to kids about drugs

Patient Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_