

## Authorization to Consent to Medical Treatment Talking Points for Social Workers

When a social worker takes a child into temporary physical custody the *Authorization to Consent to Medical Treatment* form (located in the orange placement packet) must be completed with the parent/legal guardian **for each child** at the time that the child is removed.

When approaching the parent/guardian to sign this form, these several points should be made:

- We would like you to sign this form consenting to medical treatment. I am going to go over the form with you. If there are some things you do consent to and others you do not consent to, please let me know. We will go through each number so you understand what you are signing.
- BMCW wants to ensure your child is healthy and up-to-date on all his/her routine medical needs. This includes:
  - Immunizations
  - Dental care
  - Developmental assessments
  - Emotional and behavioral health needs
- Your child will be taken for an initial health screening and then provided routine health care as recommended during the time the child is in out of-home care. This form gives us permission to do this. Number 1 is about routine care.

**NOTE:** The parent/guardian may refuse specific health care, such as immunizations. If authorization is refused, the assigned social worker **must** determine the reason for this refusal. Specifically, are there religious, personal beliefs, or other reasons on which the refusal is based? This must be documented.

- We hope there will not be a need for emergency health care when your child is in BMCW care. If there is, we will try our best to contact you. You can help with that by ensuring your case manager always has your current contact information and knows where you are living.
- If we can't contact you for emergency health care, we will ensure your child gets the care he/she needs. Number 2 gives BMCW and the foster parent/relative caregiver the permission to do this.
- Is your child currently on any medication? (Get medication from parent or name of pharmacy/doctor.) We would like the foster parent/relative caregiver to give it to the child as directed. Number 3 gives them permission to give medication.
  - If, when we take your child for a routine check up, the doctor prescribes new medication, such as antibiotics for an infection, this gives us permission to give the medication.
- Do you have Title 19, BadgerCare, or other insurance for the child? (Get information.)
- Finally, number 5, 6, and 7 give BMCW permission to share information about your child's health with other professionals working with your child. This includes schools, foster parents/caregivers, payment services, and others providing service to your child.

**NOTE:** If the parent/legal guardian refuses to sign or is unable to sign the authorization, the BMCW social worker and/or foster parent/relative caretaker has the authority to sign for necessary routine medical care for children where the Bureau has temporary physical custody or legal custody per *Milwaukee County Children's Division Directive 04-07B Revised*. If the parent refuses, please discuss the consent issue at the time of the TPC hearing.

**Exception documentation:** If there are exceptions to the agreement, note them and the reason on the line provided. Add additional pages if needed. Ensure any additional pages are attached to all copies of the form.