



441.01 Medical Consent Cover Letter Requesting Medical Consent from the State Director



Batthula, Sharath B
Application Analyst II

CHAPTER 4, Adoption and Birth Parent Services

Revision Number: 03-03

Effective Date: 11/18/2003

441.01 Medical Consent Cover Letter Requesting Medical Consent from the State Director

Requesting Medical Consent from the State Director

DATE: _____ **URGENT RESPONSE NEEDED**

TO: Division of Human Services, State Office

FROM: _____ Phone: _____

_____ Phone: _____

_____ Area Adoption Office

RE: Medical consent for _____, DOB _____

Projected date for medical treatment: _____

Physician's name: _____ Phone number: _____

Checklist of necessary information:

_____ 1. Court order that grants the agency the authority to consent for this treatment, a court order that terminates parental rights, or executed relinquishments.

_____ 2. Nature of the proposed medical procedure (in plain English); whether it will be performed on an inpatient or outpatient basis; whether general or localized anesthesia will be used.

_____ 3. Significant risks presented by the procedure.

_____ 4. Why the doctor believes the procedure is needed, and the anticipated result of the procedure.

_____ 5. If the child has been in foster care four (4) months or longer with the same foster parents, whether the foster parents feel the procedure should be performed and, if not, why.

_____ 6. Physician's/hospital's consent forms (if applicable).

NOTE: CONTACT BY PHONE A REPRESENTATIVE AT THE STATE OFFICE (DIVISION OF HUMAN SERVICES) TO GIVE ADVANCE NOTICE THAT FAXED DOCUMENTS ARE BEING SENT FOR THE APPROVAL OF THE STATE DIRECTOR.

Referenced Documents

Revision Comments

