*(Date of Letter)*

*(Parent/Legal Guardian Name)*

*(Parent/Legal Guardian Address)*

Re: (client’s name)

Dear *(Parent/Legal Guardian)*

This letter is to inform you that on (date of phone call) at (time), you were contacted by telephone by (psychiatrist) and (witness) regarding psychotropic medication treatment for your child, (client’s name). During the telephone call, you authorized his/her psychotropic medication treatment after being informed of the types of psychotropic medication(s) to be prescribed to your child and any side effects.

Please sign the attached Juvenile Justice Medication Consent form and return it to:

(address)

If you did not authorize medication treatment for (client’s name), or if you wish to change your authorization, please contact me at (telephone number).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Psychiatrist)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Witness)*