



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SERVICES
FACILITY MEDICAL POLICIES**

Superintendent _____ Signature Designated Health Authority _____ Signature		Effective Date: November 1, 2016	Revised Date: July 5, 2018	Procedure Number: 8006 Medical Services
Subject: PARENTAL NOTIFICATION AND CONSENT			Reference: 63M-2.0052 F.A.C. Quality Improvement Standard 4.05	
Purpose:	The purpose of this policy is to outline requirements for parental notification and written consent of the parent or guardian.			

PROCEDURE:

- A. The facility will inform the parent or guardian of significant changes in the youth’s condition and obtain consent when new medication and treatments are prescribed. Written parental consent is required in certain circumstances. The appropriate Parental Notification of Health Related Care Form(s) will be used for consent purposes. Verbal attempt at consent shall be documented in the chronological progress notes. Examples of the types of care requiring written, informed parental consent include the following:
 - a. Vaccinations/Immunizations Significant changes to existing medication (excluding psychotropic medications).
 - b. Discontinuation of medication .
 - c. Any surgical procedure (with the exception of those types of procedures to which a youth may consent without parental knowledge).
 - d. Dental services other than evaluations, routine prophylaxis and dental emergencies (e.g., dental extractions, fillings, endodontic services and periodontal services require additional parent/guardian consent).
 - e. Any procedure or service of an invasive nature, for which one would reasonably assume that a parent would want to be informed and/or involved, (with the exception of those types of services to which a youth may consent without parental knowledge).
 - f. Any procedure where there is uncertainty as to the benefits to the child (apart from the normal uncertainty that accompanies any medical or mental health practice or procedure).
 - g. Any procedure or service that the parent/guardian has specifically prohibited.

- B. Parental notification of care without special consent shall be accomplished by attempting verbal contact with the parent/guardian to notify them of care in the following instances and shall be followed by written notification utilizing one of the appropriate parental notification forms (General or medication)
 - a. Over-the-Counter medication not covered by the AET
 - b. Changes in condition of a chronic health condition
 - c. Off-site emergency care, notification
 - d. .Any time the youth must be taken off site and/or for emergency care

- e. Whenever the youth has the same medical complaint for sick call three times within a two-week period
- C. When a youth's illness or injury requires emergency medical services or is life threatening, (after necessary medical treatment is obtained for the youth), the facility superintendent/designee must make every effort to immediately notify the parent/legal guardian. If the parent or legal guardian cannot be contacted, the following steps must be taken:
- a. Use alternative contact methods as documented in the youth's record. Such alternative methods may include, but are not limited to, contact via the parent's or legal guardian's work address, pager/cell phone or electronic notification or contact via a relative or neighbor.
 - b. Contact the youth's juvenile probation officer to request assistance with notification. In the case where the youth's family lives in close proximity to the JPO's work location or area, request that the JPO drive by the parent's or legal guardian's home, place of work, school or other known location outside of the home.
 - c. Contact law enforcement to request assistance in locating the parent or legal guardian.
 - d. In all cases, the facility superintendent or program director must document all efforts to contact the parent or legal guardian.
- D. For new medication, verbal attempts/contacts/consents will be documented in the chronological progress notes in the IHCR by the person attempting and/or making contact with the parent/guardian. A staff member shall witness all telephone call attempts and conversations. If an additional staff member is unavailable to witness call attempts, the facility will have an internal process by which the attempts are verified.
- a. The internal process to follow when a staff member is unavailable is to contact the Superintendent or ADS to witness the verbal attempt/contact/consent if they are on site. If either or both administrators are off site, the staff member will contact the Superintendent or ADS by phone and conference the parent so the call may be witnessed. The Superintendent and/or ADS will document the chronological progress notes the next time they are on site.
- E. Any verbal notification (in person or by phone) will be followed up with a written Parental Notification Form, with instruction to sign and return the document by the parent/guardian.
- F. Written parental notification is not required for treatment or services which are court ordered.
- G. All copies of the Parental Notification of Health-Related Care sent to the parent/guardian, and the returned form with the parent's signature must be filed in the Individual Health Care Record in the section reserved for parental notices, directly behind the AET, in reverse chronological order (most recent Parental Notification on top in that section).