INSTITUTE FOR CHILDREN'S AID

Child and Family Counseling Services

Request for Additional/Supplemental Consent Forms

Please indicate which forms below you would like and provide supportive details or documentation to support your request:

☐ **Consent to Administer Medication** – Available for respite cases ONLY.

- ○ Reason for request: _____
  _____
- ○ Supportive Details & Documents: _____
  _____
  _____
  _____

☐ **Consent to Restrain** - ICA has a strict hands-off policy when de-escalating clients. Staff are trained to utilize alternative strategies and interventions to pro-actively identify triggers and help clients utilize coping skills.

- ○ Reason for request: _____
  _____
- ○ Supportive Details & Documents: _____
  _____
  _____
  _____