

Statement About Medicine Prescribed

Clerk stamps date here when form is filed.

You may use this form to give the court input on the request for an order for medication for the youth.

You do not *have to* use this form if you do not want to. There are other ways to give input to the court. You may:

- Send a letter to the judge
- Speak to the judge at the hearing, or
- Ask your lawyer or the child's social worker, probation officer, or CASA to tell the judge how you feel.

You may add pages to this form if you need more space for your answers. Please put the child's name and the number of the question you are answering on each extra page.

Child's name: Female Foster Child
(first) (middle) (last)

Fill in court name and street address:
Superior Court of California, County of

① Your name: Grandmother
(first) (middle) (last)

Fill in child's name and date of birth:
Child's Name: Female Foster Child
Date of Birth: 01/01/2007

② Your relationship to the child: Caregiver CASA
 Indian Tribe Parent
 Other (*explain*):

Court fills in case number when form is filed.
Case Number:
TJM01010101

③ How long have you known the child? 9yrs 3mo 2 days
(years) (months) (days)

④ How long has the child lived in your home or facility? 4mo
(years) (months) (days)

Child's Behavior

⑤ How does the child act at home? Don't know
Describe here: She acts like a kid. She plays.

⑥ How does the child act at school? Don't know
Describe here:

Child's name: Female Foster Child

7 How does the child interact with friends and peers? Don't know

Describe here: She is OK. She has her moments. She has been through a lot and she just has to understand that she needs to listen to what I'm saying and know that I'm here to help her.

8 How does the child interact with adults? Don't know

Describe here: She has some issues. She doesn't want to listen at times. I give her a minutes and she is OK.

9 How does the child sleep? Don't know

Describe how well the child sleeps and about how many hours each day: She sleeps very well in her bed.

Describe the Child's Treatment Now

10 List any other treatment the child is doing now:

- None, Individual talk therapy (checked), Family therapy, Group talk therapy, Counseling at school, Art or play therapy, Cognitive Behavioral Therapy (CBT or practicing behaviors), Other (list any other treatment here):

11 List all the medicines the child takes regularly now. Don't know

Name of medicine: NA Dose (if you know):
Name of medicine: NA Dose (if you know):
Name of medicine: NA Dose (if you know):
Other medicines (list here):

12 Did you meet with the doctor who prescribed the psychotropic medicine? Yes No

If Yes:

- a. Did the doctor explain the medicine's expected benefits, possible side effects, and provide other information about the medicine?
b. Did you give the doctor information about the child?
c. Do you agree with use of the medication?



Child's name: Female Foster Child

13 Follow-up and Maintenance

- a. Do you know about the child's follow-up plan with this doctor? [x] Yes [] No
b. Do you know how to schedule follow-up appointments with this doctor? [x] Yes [] No
c. Do you know how and where to get the medicine the doctor prescribed? [x] Yes [] No
d. Do you know how to make sure the child gets to the follow-up appointments? [x] Yes [] No
e. Do you know how the child is supposed to take this medicine? [x] Yes [] No
f. Do you know who is in charge of making sure s/he takes the medicine correctly? [x] Yes [] No
If Yes, describe here: I am. She doesn't take any medicine
g. Do you know what to do if the child has a bad reaction to the medicine? [] Yes [] No

14 List below anything else you want the judge to know.

Since I have had the child, her behaviors are not the same to me. She is a normal kid that has been through a lot of trauma and not knowing how to deal with it. She does the only thing she knows how and that is act out. She really doesn't give me any problems. Yes, I have to talk to her at time but what kid you don't? She just needs a little more attention. She is no longer on medications.

Fill out questions 15-23 ONLY if the child is taking psychotropic medicine now

If the child is not taking this/any psychotropic medicine now, skip to question 24.

- 15 Does the medicine affect the child's school or ability to learn? [] Yes [] No [x] Don't know

If Yes, describe here: _____

- 16 Does the medicine affect the child's ability to concentrate? [] Yes [] No [] Don't know

If Yes, describe here: _____

- 17 Does the child have reasonable energy levels throughout the day? [x] Yes [] No [] Don't know

If No, describe here: _____

- 18 Does the medicine affect the child's participation in hobbies or after-school activities?

[] Yes [] No [x] Don't know

If Yes, describe here: _____



Child's name: Female Foster Child

19 Is it easy to get the child to take the medicine? Yes No Don't know

If No, describe what it's like: She had no problems taking her medications.

20 Does anyone talk to the child about how he or she feels when he or she is on this medicine?

Yes No Don't know

If Yes, explain who and how often: The doctor asked her did she feel any different being on the medication on off them. The child answered, " I don't know".

21 Has the child's weight changed with this medicine? Yes No Don't know

If Yes, check one: lost weight gained weight How many pounds? _____

22 List any other side effects from the medicine:

- Headache Constipation Confusion Feel dizzy
- Problems sleeping Feeling very sleepy Nausea
- Other (list any other side effects here): _____

23 List any benefits you have noticed from the child's taking this medicine:

To me she was more hyper and hard to pay attention on the medication.

24 Check here if you are going to add extra pages to this form. Any say how many pages: _____

Date:

Grandmother
Type or print your name

Caregiver signs here