

## **START TALKING**

This form, as required by S.C. Code Ann. § 44-53-363(A), must be completed before a prescriber issues the first prescription in a single course of treatment for an opioid analgesic for a minor,<sup>1</sup> regardless of whether the dosage is modified during that course of treatment.<sup>2</sup> This form must be separate from any other document the prescriber uses to obtain informed consent for other treatment provided to the minor and must be maintained in the minor's medical record.

1. I, \_\_\_\_\_, hereby certify that I am the parent, guardian, or another adult authorized to consent to \_\_\_\_\_'s ("Minor's") medical treatment.<sup>3</sup>

2. I hereby consent and authorize \_\_\_\_\_ ("Prescriber") to issue a prescription to Minor for \_\_\_\_\_ (name and quantity of opioid analgesic prescribed), with an initial dose of \_\_\_\_\_ (amount of initial dose).

3. I acknowledge that as part of Prescriber's examination of Minor prior to issuing the opioid analgesic prescription identified above, Prescriber assessed whether Minor has ever suffered from, or is currently suffering from, a mental health or substance abuse disorder and whether Minor has taken, or is currently taking, prescription drugs for treatment of a mental health or substance abuse disorder.

4. I understand that a controlled substance such as the opioid analgesic identified above is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse.

5. I hereby certify that Prescriber discussed with Minor and me, the following:

- a. the risks of addiction and overdose associated with opioid analgesics;
- b. the increased risk of addiction to controlled substances of individuals suffering from both mental health and substance abuse disorders;
- c. the dangers of taking opioid analgesics with benzodiazepines, alcohol, or other central nervous system depressants; and
- d. any other information in the patient counseling information section of the labeling for the opioid analgesic required pursuant to 21 C.F.R. 201.57(c)(18).

6. I understand that the opioid analgesic prescription identified above authorizes \_\_\_\_\_ refills (number of refills, if any).

**I acknowledge that the above information has been explained to me and that Prescriber has offered to answer any questions I may have about this document, as well as the Prescription issued to Minor. I further consent to the issuance of the Prescription to Minor as set forth above.**

Dated: \_\_\_\_\_

(Signature)

Name: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

(parent, guardian, or another adult authorized to consent to the minor's medical treatment)

<sup>1</sup> "Minor" means an individual under eighteen years of age who is not emancipated.

<sup>2</sup> See reverse for situations for which this form is not required.

<sup>3</sup> "Another adult authorized to consent to the minor's medical treatment" means an adult to whom a minor's parent or guardian has given written authorization to consent to the minor's medical treatment. **If the individual who signs this form is "another adult authorized to consent to the minor's medical treatment," the prescriber shall prescribe no more than a single, seventy-two hour supply and indicate on the prescription the quantity that is to be dispensed pursuant to the prescription.**

**Pursuant to S.C. Code Ann. § 44-53-363(C), this form is not required if the minor's treatment with an opioid analgesic:**

1. is associated with or incident to a medical emergency<sup>4</sup>;
2. is associated with or incident to surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis;
3. is associated with pain management treatment for palliative care, cancer care, or hematological disorders including, but not limited to, sickle cell disease;
4. is associated with the treatment of neonatal abstinence syndrome;
5. in the prescriber's professional judgment, fulfilling the requirements set forth in the form would be a detriment to the minor's health or safety;
6. the treatment is rendered in a hospital, emergency facility, ambulatory surgical facility, nursing home, pediatric respite care program, residential care facility, freestanding rehabilitation facility, or similar institutional facility (this exemption does not apply to treatment rendered in a prescriber's office that is located on the premises of or adjacent to a facility or other location described in this section);
7. is ordered by a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice-certified patient;
8. is ordered by a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five-day supply for a patient;
9. is ordered by a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription drug monitoring program at least every three months; or
10. for which the prescriber issues a prescription at the time of discharge from a facility or other location described in Paragraph 6 above.

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<sup>4</sup> 'Medical emergency' means a situation that in a prescriber's good faith medical judgment creates an immediate threat of serious risk to the life or physical health of a minor.