

**County of San Bernardino
Department of Behavioral Health**

Date:

Re:

Dear:

Your child is currently in a Juvenile Detention and Assessment Center Institution operated by the County Behavioral Health Department and we are trying to provide mental health services for him/her. One service currently being provided by our mental health clinic is medicine which is technically called "psychotropic medication." These are medicines which are used to treat serious mental and emotional symptoms. We would like to have your consent as the child's parent/legal guardian/conservator, to administer this treatment. Please review the attached consent form and the medication information included in this packet.

If you have any questions, feel free to call this clinic or the physician at the Department of Behavioral Health who is treating your child. If you consent to your child taking these medications, please sign the consent form and return it within (14) fourteen working days in the enclosed envelope. If we do not hear from you, it may be necessary for the County to request a court order authorizing administration of psychotropic medications to your child.

If there are any questions about your child's treatment, please call _____.

Sincerely,

Behavioral Health Psychiatrist