

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES  
CONSENT FOR MEDICAL TREATMENT FOR CHILD IN CUSTODY**

Permission is required from Tuscarawas County Job & Family Services for any medical procedures or for any medication that is given to a child who is in the agency's custody. See attached Policy 500.4.0. Please complete required information below, and fax this form back for signed permission.  
FAX #: 330-339-6388

Date: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

TYPE OF TREATMENT REQUIRED:

REASON FOR TREATMENT:

MEDICATION THAT WILL BE USED FOR TREATMENT:

REASON FOR MEDICATION:

FOLLOW UP TREATMENT REQUIRED:

David W. Haverfield, Director  
Tuscarawas County Job & Family Services

Attachment



- Permission Granted
- Permission Denied

\_\_\_\_\_  
David W. Haverfield, Director

\_\_\_\_\_  
Date