



ADD/ADHD Treatment Contract

Your minor child has been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Medications used for the treatment of ADD/ADHD are classified as stimulants, and are tightly controlled by state and federal law. Your understanding and cooperation with the following guidelines are required for your child to receive medication for the treatment of their ADD/ADHD at Redbud Pediatrics.

Please initial in the left margin next to each bulleted point and sign at the end to indicate your understanding. Unless there is only one legal guardian or acting parent, both parents must initial and sign this contract.

- ___ I understand that the medication my child is prescribed is not a “cure” for ADD/ADHD. Rather, it controls the symptoms in order to allow my child to learn and function better socially.
- ___ Stimulant medication use can result in tolerance and dependence. **For this reason, I agree to give the prescribed medication to my child as discussed with the physician.**
- ___ I understand that after initiation of medication for ADD/ADHD, my child will be seen at Redbud Pediatrics for a medication management and follow-up appointment approximately once every 1-3 months. These visits allow monitoring of growth, blood pressure, heart rate, and screening for medication effectiveness and potential side effects. Medication changes are not made over the phone.
- ___ Medication prescriptions cannot be mailed, faxed, or called into the pharmacy. The prescription must be picked up at Redbud Pediatrics by the patient’s parent or another person for whom written consent is on file. Requests for medication refills may be submitted when the patient has 7 days of less of medication remaining. Please allow at least 2 business days for the prescription to be written and ready for pick up.
- ___ Stimulant medications are easily abused. I understand that it is my responsibility as a parent to safeguard this medication. I will notify Redbud Pediatrics in the event that the medication’s written prescription or prescribed medication is lost, stolen, or rendered unusable. I understand that Redbud Pediatrics will not issue another prescription in this instance. I will not seek to obtain ADD/ADHD medications from any other provider than Redbud Pediatrics. I understand that in the event of suspected abuse or misuse of this prescription medication, Redbud Pediatrics may be required to file a police report, and my family may be dismissed from the practice.



- _____ I agree to do my part as a parent to help my child overcome the challenges of ADD/ADHD. I will limit my child's "screen time" (TV, handheld devices, computer, video games, Wii, etc.) to no more than 2 hours daily maximum outside of school. I understand that poor sleep can result in or worsen symptoms of ADD/ADHD. I will enforce a reasonable and consistent bedtime, realizing that children need more sleep than adults.

- _____ I will help my child succeed in school by providing appropriate supervision and environment for homework activities. I will communicate with my child's teachers or administrators at least monthly to stay abreast of their progress. I will sign consent for my doctor and school to share information as it relates to my child's ADD/ADHD.

- _____ I will help my child overcome the challenges of ADD/ADHD by seeking out child behavioral therapy, family therapy, or parenting education.

- _____ I will seek out information and educate myself about ADD/ADHD. There are many publications and resources for parents about ADD/ADHD. A few suggestions include:
www.healthychildren.org (search ADD or ADHD); "ADHD: What Every Parent Needs to Know, 2nd Edition" by AAP, Michael L. Reiff, MD, FAAP, editor in chief; and "Cory Stories: A Kid's Book About Living with ADHA", by Jeanne Kraus.

Patient Name

Patient Date of Birth

Signature

Date

Signature

Date