

## **Consent Requests Can Now be Submitted Online!**

Requests for consent can now be submitted online. Visit [guardianconsent.dcfs.illinois.gov](http://guardianconsent.dcfs.illinois.gov) to learn more and submit your consent request today!

### **What is the DCFS Guardian Consent Portal?**

The Guardian Consent Portal is a user-friendly website for the electronic submission of consent requests for youth in care. The portal provides clear instructions on the type of consent form and information you need to be able to submit a consent request. When you submit a consent request through the portal you will receive a submission confirmation with a copy of the CFS consent form. The consent request will be sent to the Guardian Consent Unit for processing and the completed consent will be returned to you via email or fax.

#### **The following CFS forms are available to submit on the Portal today:**

- CFS 415: Ordinary and Routine Medical and Dental Care
- CFS 431: Medical/Surgical Treatment
- CFS 431-A: Psychotropic Medication
- CFS 431-1: Mental Health Treatment
- CFS 432: Out of State Travel / Out of Country / Extended Trips
- CFS 600-3: Release of Information

State of Illinois  
Department of Children and Family Services

**CONSENT FOR ORDINARY AND ROUTINE MEDICAL AND DENTAL CARE**

As the legal custodian/guardian for the individual minor, \_\_\_\_\_,  
whose birth date is \_\_\_\_\_, I am authorized to act, pursuant to 20 ILCS 505/5,  
325 ILCS 5/5, 705 ILCS 405/2-11 or 705 ILCS 405/2-27, on behalf of the minor in making health care  
related decisions, and I hereby consent to the administration of ordinary and routine medical and/or  
dental care to this child by:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Ordinary and routine medical and/or dental care includes, but is not limited to, physical and dental  
examinations, remedial treatment for minor illnesses, immunizations and related diagnostics laboratory  
tests, including HIV testing when risk factors on reverse side of this form are present.

This consent is not valid for hospital admissions, surgery, anesthesia, blood transfusions, tooth  
extractions, the administration of psychotropic medications or any kind of medical research.

Consent for medical or dental treatments that are not classified as ordinary and routine can be obtained  
during business hours (Monday through Friday from 8:30 a.m. to 4:30 p.m.) by calling the DCFS  
Consent Unit at 800-828-2179. Afterhours, weekends and holidays, a medical provider requesting  
consent can contact an Authorized Agent of the DCFS Guardian at 866-503-0184.

This consent is valid until: \_\_\_\_\_

I further hereby consent to providing summary information concerning the medical and/or dental care  
provided to the minor to \_\_\_\_\_(name of caregiver).

\_\_\_\_\_  
DCFS Guardianship Administrator

By: \_\_\_\_\_  
Authorized Agent

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **DCFS RISK FACTORS FOR HIV TESTING**

1. HIV related symptoms.
2. A child born to a parent with HIV.
3. A child born to a parent with a history of drug use, transfusions or multiple sexual partners.
4. A child who was sexually abused with penetration.
5. A child born with positive drug toxicology.
6. A child with hemophilia or a history of blood transfusions.
7. A youth with a history of drug use.
8. A youth who is sexually active, at least annually or more frequently if a medical professional considers it to be necessary.
9. A child or youth for whom a complete medical history cannot be obtained.

**Please report all positive testing results to the DCFS AIDS Project at 312-328-2150.**

The temporary caregiver of a child shall not disclose to another person any information received by the temporary caregiver from the Department concerning the results of a test performed on the child to determine the presence of the antibody or antigen to HIV, or of HIV infection.