



agency for persons with disabilities
State of Florida

Informed Consent

Section 393.506, Florida Statutes, authorizes an independent direct service provider (including a direct service provider employee) not licensed to practice nursing or medicine to administer medication or supervise the self-administration of medication following completion of medication administration training and current annual competency validation by a licensed registered nurse or physician. This form authorizes medication assistance by a trained, validated provider.

I, _____, as the below-named client or client's legal
(Printed name of client or client's representative)

representative, contingent upon the authorization of my health care provider,

provide my consent to _____ to:
(Printed name of validated medication assistance provider)

_____ Administer medications prescribed for me by my professional health care provider; or

_____ Supervise my self-administration medications prescribed for me by my professional health care provider.

Signature of Client or Client's Legal Representative

Date

Printed name of person signing

Date

(NOTE: A validated unlicensed direct service provider cannot consent as the client's legal representative.)

Signature of Witness No. 1

Printed Name of Witness No. 1

Date

Signature of Witness No. 2

Printed name of Witness No. 2

Date

This document remains effective until _____, unless I
(Twelve months from signature date)
elect to withdraw my consent.