

Informed Consent for Medication Administration

Section 393.506, Florida Statutes, authorizes an independent direct service provider (including a direct service provider employee) not licensed or authorized 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 nurse or physician licensed or authorized to practice in the State of Florida. This form authorizes medication assistance by a trained, validated provider as described in Chapter 65G-7, F.A.C. _, as the below-named client or client's legal (Printed name of client or client's representative, representative, contingent upon the authorization of the health care provider, provide my consent to ___ (Printed name of provider/agency employing MAP) Administer medications prescribed for me by my professional health care provider; or Supervise my self-administration of medications prescribed for me by my professional health care provider. Name of client: ___ Signature of Client or Client's Legal Representative Date Printed name of person signing (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 Printed name of Witness No. 2 Signature of Witness No. 2 Date , unless I This document remains effective until (Twelve months from signature date)

elect to withdraw my consent.