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.

I, ____________________________, as the below-named client or client’s legal representative, contingent upon the authorization of the health care provider, provide my consent to ____________________________ to:

_____ 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

Date

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 elect to withdraw my consent.

(Twelve months from signature date)

APD Form 65G-7.002 B, effective December 2018
Rule 65G-7.002, F.A.C.