agency for persons with disabilities
State of Florida

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
(*Printed name of client or client's representative)*

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

provide my consent to _____ 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 *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.

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