It is MN Rule that this form be signed by the resident and/or resident's legal representative; this form gives the provider permission to administer medications to the resident. This form must also be used when a resident receives injectable medications.

ADULT FOSTER CARE
PERMISSION TO ADMINISTER MEDICATION

Resident: _____ AFC Provider: _____

The Adult Foster Care Provider may administer medication to the resident ONLY under the following conditions:

1. The provider **MUST** get a written statement from the resident's physician stating the name of the medication(s) prescribed and whether the resident is capable of taking medication without assistance. (Attach statement to record)

2. The provider **MUST** obtain written permission from the resident or legal representative to administer the medication.

3. Medications may only be given in accordance with the written instructions of the physician.
A prescription label constitutes the written instructions from the physician.

I give permission for my adult foster care provider to give me medication as directed by my physician.

_____ _____
Resident's Signature Date Legal Representative (if applicable) Date

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INJECTABLE MEDICATIONS

4. The provider **SHALL NOT GIVE INJECTABLE MEDICATION UNLESS:**

A. the provider is a Registered Nurse or Licensed Practical Nurse with a current Minnesota license, is authorized to do so in writing by the resident's physician (attach authorization) and is covered by professional liability insurance; or

B. there is an agreement signed by the provider, the resident's physician and the resident (or legal representative) specifying what injections may be given, when, how, and that the physician shall retain responsibility for the provider's giving the injections. A copy of the agreement must be placed in the resident's personal record.

Physician's authorization for R.N. or L.P.N. with current MN license and professional liability insurance to administer injectable medications:

I authorize the above R.N. or L.P.N. to administer injectable medications to this patient.

_____
Physician's Signature Date

Physician's agreement to retain responsibility for the provider to administer injectable medications:

I agree that the above Adult Foster Care provider has been trained and given specific instructions to administer injectable medications for this patient. I retain full responsibility for the provider to administer the injectable medication as directed.

_____
Physician's Signature Date