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:	AFC Provider:	
The A	Adult Foster Care Provider	may administer	medication to the resident <u>ONLY</u> 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 fost	er care provider to	o give me medication as directed by my ph	ysician.
Reside	ent's Signature	Date	Legal Representative (if applicable)	Date
		INJE	ECTABLE MEDICATIONS	
4.	The provider SHALL NOT GIVE INJECTABLE MEDICATION UNLESS:			
	<ul> <li>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</li> <li>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</li> </ul>			
			opy of the agreement must be placed in the	
	cian's authorization for R.N able medications:	V. or L.P.N. with	current MN license and professional lia	bility insurance to administer
I autho	orize the above R.N. or L.P.N	I. to administer in	jectable medications to this patient.	
	Physician's Signature		Date	
Physic	ian's agreement to retain r	esponsibility for	the provider to administer injectable me	edications:
I agree medica	that the above Adult Foster ations for this patient. I retain	Care provider has n full responsibilities	been trained and given specific instruction ty for the provider to administer the injecta	ns to administer injectable able medication as directed.
	Physician's Signature		Date	