

### Permission for Adult Foster Care Provider to Administer Medications

Resident's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Adult Foster Care Provider: \_\_\_\_\_

#### Requirements For Adult Foster Care Provider To Administer Medication

1. The adult foster care operator 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 the medication(s) without assistance. The History and Physical form has this information.

**Date Of Physician's Statement** (Date History and Physical Form Completed) \_\_\_\_\_

2. Medication(s) may only be given by a caregiver in accordance with the written instructions of the physician. A prescription label constitutes written instructions from the physician.

3. The operator shall get written permission from the resident or the resident's legal representative to administer the medication.

4. Caregivers shall not give injectable medication(s) unless:

A. The caregiver 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 caregiver, the resident's physician, the resident, and the resident's legal representative specifying what injections may be given, when, how, and that the physician shall retain responsibility for the caregivers giving injections. A copy of the agreement must be placed in the resident's personal record.

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I, \_\_\_\_\_ give permission for the adult foster home  
Resident's Name  
caregiver to give me medication(s) as directed by my physician.

Signed \_\_\_\_\_  
Resident's Name

Date Signed \_\_\_\_\_

**OR**

As the legal representative of \_\_\_\_\_  
Resident's Name

I, \_\_\_\_\_ give permission for the adult foster  
Legal Representative's Name

home caregiver to give medication(s) to \_\_\_\_\_  
Resident's Name

as directed by his/her physician.

Signed \_\_\_\_\_  
Legal Representative's Name

Date Signed \_\_\_\_\_

**This Form Must Be Kept In The Resident's File**  
**Adult Foster Care Provider Information**

**Each Resident Receiving Medication Assistance Must Have A Medication Record Containing:**

- (1) The information on the prescription label.
- (2) The consequences if the medication is not taken as directed.  
**(This information may be obtained from medication information sheets supplied by a pharmacy.)**
- (3) The adverse reactions to the medication that must be reported to the resident's physician.  
**(This information may be obtained from medication information sheets supplied by a pharmacy.)**
- (4) Instruction from the resident's physician indicating when the resident's physician must be notified if the medication is not taken as prescribed.  
**(This information may be obtained from medication information sheets supplied by a pharmacy.)**
- (5) Notation of when a medication is started, changed, or discontinued.
- (6) Notation of any reports made to the resident's physician whenever the resident does not take medication as prescribed or there are any adverse medication reactions.

**A Caregiver Must Report To The Resident's Physician And Legal Representative:**

- (1) Any adverse medication reaction, and
- (2) The resident's refusal or failure to take medication as prescribed and in accordance with any other physician's instructions.

**Important:**

A caregiver must **immediately** report to the licensing worker and case manager whenever the resident's physician is notified because medication is not taken as prescribed and the physician determines that the refusal or failure to take medication as prescribed creates **an immediate threat** to the resident's health or safety or the health or safety of other residents or household members.

**Storage Of Medication:**

Medication must be stored separately from food items. Schedule II medication must be stored in a locked area that is accessible only by residents and caregivers authorized to administer the medication.

Consider locking up all medications. Resident's who are able to self-administer medication or only require assistance may have their medication in their room. Providers should offer a locked storage box to residents for the storage of their medication. Providers should have a key to any box clients use to store medication.

**Good Practice:**

Providers dispensing medication for clients should consider keeping a chart of daily medication administration. This is especially recommended in homes where there is more than one caregiver or the provider administers medication for several clients. Providers who need to assist clients with medication may also wish to chart that they provided the required assistance such as assisting clients to fill the weekly medication organizer.

Dispense of any expired or discontinued medication in a timely manner.

Do not leave medication unattended.

Providers should store medication separately for each client.