Pine Habilitation And Supported Employment, Inc.

Agreement for Subcutaneous Injections Performed By Unlicensed Staff Without Nursing Supervision

Name:	
Date of Birth:	
Phone:	
Address:	

Trained, unlicensed staff employed by PHASE are authorized to give injections according to the following information:

Client Name:	
Medication:	
Frequency:	
How Administered:	

I, _____, (prescriber name) retain responsibility for authorizing unlicensed staff to administer the identified injection(s).

Prescriber Signature	Prescriber Name (please print)	Date

Individual Signature	Individual Name (please print)	Date

Legal Representative Signature	Legal Representative Name (please print)	Date

Program Manager Signature	Program Manager Name (please print)	Date