Pine Habilitation And Supported Employment, Inc.

Authorization for Medication Administration & Treatment Administration and Medical Emergency

Name:	
Date of Birth:	

An authorization will be obtained for medication / treatment administration or assistance when the Day Services provider has been assigned the responsibility in the CSSP or addendum. I understand this authorization includes the following medications and treatments prescribed by a health care professional:

- routinely scheduled medications
- over-the-counter medications
- PRN (as needed) medication including psychotropic medication according to written criteria
- medical treatments.

I understand that unlicensed staff will be trained in medication administration and/or treatment procedures by a health care professional in accordance with written policies and procedures.

I understand, when psychotropic medications are prescribed,

- I can request to be involved in decisions regarding psychotropic medication use.

I understand, when injections are prescribed:

- a registered nurse (RN) or licensed practical nurse (LPN) will administer any intramuscular injections.
- only an RN or LPN can administer prescribed psychotropic medications by injection.
- an RN may delegate and supervise the administration of subcutaneous injections by staff, or
- unlicensed staff may administer subcutaneous injections when there is an agreement with the physician (this requires additional authorization).

I understand that assisting with medications allows someone to self-administer who is capable of directing their own care, or where their legal representative is present and able to direct the care. Staff have a limited role in medication assistance which includes any / all of the following tasks:

- bringing to the person and opening a container of medications previously setup, or in the original container, and emptying the container into the person's hand;
- bringing to the person liquids or food to accompany the medication; or
- providing reminders for regularly scheduled medication, treatments, or exercises.

I understand this authorization is time limited and will be renewed on an annual basis. I understand, by written request, I can revoke or revise this authorization at any time.

I understand if I refuse to authorize medication / treatment administration or assistance, the Day Services provider will report my refusal to the prescriber(s), and the medication or treatment will not be administered.

I understand a refusal to authorize the administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. The medication will not be administered, the prescriber will be notified and any directions or orders given will be followed. A court order would be necessary to override the refusal.

I understand PHASE, INC. will act in a medical emergency when the person's legal representative cannot be reached or is delayed in arriving.

I authorize PHASE to act in a medical emergency.
I authorize medication/treatment administration or assistance.

Describe specific limitations or requests:

Person served and/or legal representative

Date