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Request for and Consent to Assist with Self-Administration Of Medication by an Unlicensed Person

I, _____ Patient/ Patient's Surrogate/ Guardian or Attorney in Fact, in accordance with Florida Statue 400.488 attached hereto, hereby request assistance with, and consent to, the self-administration of medication from and "unlicensed person". I have been advised that upon execution of this request, I/patient may receive assistance with self-administration of medication from a caregiver referred by Caring Home Care/Caring Associates, Inc.

OR

I, _____ Patient/ Patient's Surrogate/Guardian or Attorney in fact, **DOES NOT** require any administration of medication from a caregiver referred by Caring Home Care/Caring Associates, Inc. INITIAL: _____

An "unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health registry and who has received training with respect to assisting with the self administration of medication as provided by the Registry for Health Care Administration's rule.

I understand that assistance with self administration with self-medication by an unlicensed person may occur only upon a documented request by and written informed consent of, a patient or patient's Surrogate, guardian or attorney in fact. I have read and understood 400.488, and have also received explanation regarding this matter, and hereby give my informed consent.

I understand that this consent or refusal form will be valid and remain in effect unless otherwise changed by myself or by surrogate/guardian or attorney in fact.

Patient's Name **Signature** **Date**

Or person authorized to consent (Circle One)

Health surrogate or Guardian or Power of Attorney (attach copy of form)