



ROYAL PALM ADULT DAY CARE CENTER

MEDICATION RECORD & CONSENT FOR ASSISTANCE WITH SELF-ADMINISTRATION

Participant Information

Participant Full Name: _____

Date of Birth: _____

Medication Information

- Medication list attached
- No medications at this time

Medication Name	Dosage	Route	Time	Frequency

Assistance with Self-Administration

Assistance with self-administration of medications may include reminders, opening containers, and assistance as allowed by Florida law. Assistance **does not include judgment, discretion, or clinical decision-making.**

Does the participant require assistance with self-administration of medication?

- Yes No

If yes, assistance shall be provided **only as ordered by the health care practitioner.**

Physician Authorization

- Physician authorization is included with the Health Assessment
 - Separate physician order attached
-

Consent

I authorize Royal Palm Adult Day Care Center, Inc. staff to provide assistance with self-administration of medications as permitted by Florida law and in accordance with the physician's orders. I understand that the Facility does not administer medications and does not make medical decisions.

Acknowledgment & Signature

Participant / Legal Representative Name: _____

Signature: _____

Date: _____

Relationship to Participant (if applicable): _____