§1917.H,J

Medical Procedure Authorization Form

Medicine Must Be In Its Original Container

The following staff have my permission to administer tube feedings, or medication through my child's, _____ feed tubing apparatus:
Child's name

Staff: _____

Medication Name/Strength: _____

Dosage Amount/Frequency: _____

Time to be Given: _____

Date(s) to be Given: _____

Side Effects/ Anticipated Reactions: _____

_____

Special Instructions (If Applicable): _____

_____

I certify that I have trained the staff listed on the operation of the tubing apparatus on _____.
Date

_____ _____

Parent's Signature Date

***If all information is not filled in completely, medication will not be given.**

_____

Administration Documentation

Date Given	Time Given	Dosage Given	Signature of Person Administering Tube Feeding or Medication through the Tube Apparatus

_____

Signature of Staff Completing Form