



**EFMP RESPITE CARE  
AUTHORIZATION FOR MEDICATION ADMINISTRATION**

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| <b>Child's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | <b>Date of Birth:</b> |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <b>Allergies to Medications:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <b>CURRENT MEDICATION REGIMENT – ALL SECTIONS MUST BE COMPLETED PER MEDICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <b>MEDICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>PURPOSE</b>                                                        | <b>DOSAGE</b>         | <b>FREQUENCY/TIME</b> | <b>DURATION</b> | <b>POSSIBLE SIDE EFFECTS</b> |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <p><b>I hereby authorize, my authorized respite care provider(s) to administer the above medications, to my child listed above. I further agree to indemnify and hold harmless this provider, his/her agents, and servants against all claims of any acts performed under this authority.</b></p> <table style="width: 100%; margin-top: 20px;"><tr><td style="width: 33%; border-bottom: 1px solid black; height: 20px;"></td><td style="width: 33%; border-bottom: 1px solid black; height: 20px;"></td><td style="width: 33%; border-bottom: 1px solid black; height: 20px;"></td></tr><tr><td><b>Parent/Guardian Name</b></td><td><b>Parent/Guardian Signature</b></td><td><b>Date</b></td></tr><tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr><tr><td><b>Parent/Guardian Name</b></td><td><b>Parent/Guardian Signature (I confirm the above is still valid)</b></td><td><b>Date (Year 2)</b></td></tr><tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr><tr><td><b>Parent/Guardian Name</b></td><td><b>Parent/Guardian Signature (I confirm the above is still valid)</b></td><td><b>Date (Year 3)</b></td></tr></table> |                                                                       |                       |                       |                 |                              |  |  |  | <b>Parent/Guardian Name</b> | <b>Parent/Guardian Signature</b> | <b>Date</b> |  |  |  | <b>Parent/Guardian Name</b> | <b>Parent/Guardian Signature (I confirm the above is still valid)</b> | <b>Date (Year 2)</b> |  |  |  | <b>Parent/Guardian Name</b> | <b>Parent/Guardian Signature (I confirm the above is still valid)</b> | <b>Date (Year 3)</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <b>Parent/Guardian Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Parent/Guardian Signature</b>                                      | <b>Date</b>           |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <b>Parent/Guardian Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Parent/Guardian Signature (I confirm the above is still valid)</b> | <b>Date (Year 2)</b>  |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                       |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |
| <b>Parent/Guardian Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Parent/Guardian Signature (I confirm the above is still valid)</b> | <b>Date (Year 3)</b>  |                       |                 |                              |  |  |  |                             |                                  |             |  |  |  |                             |                                                                       |                      |  |  |  |                             |                                                                       |                      |

**Medication to be given during EFMP Respite Care:**

- Must be in original, child-proof container and labeled with child's name.
- Requires the use of the *Administration Log* for all medications along with the child's parent/guardian initials daily when medications are given.
- Administered with the pharmacy label directions as prescribed by the child's health care provider.
- Instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.