

PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS AND / OR TREATMENTS

Trumbull County Board of Developmental Disabilities – Fairhaven Programs
45 North Road, Niles, Ohio 44446

<input type="checkbox"/> School 330-652-5811	<input type="checkbox"/> Niles WS 330-544-0462	<input type="checkbox"/> Champion WS 330-847-7275	<input type="checkbox"/> Tony Tomaski Ctr. 330-652-6168
FAX 330-652-5864	FAX 330-652-2743	FAX 330-847-6009	FAX 330-652-6190
<input type="checkbox"/> Senior Center-330-652-1116 – FAX 330-652-1964			

It is recommended that whenever possible, medications and / or treatments be administered at home. When necessary medications and treatments shall be administered during program hours according to Board Policy and procedures once signed permission has been submitted from the Physician and from the parent / guardian / provider:

Signed permission is limited to one – which must be renewed.

Name: _____

Address: _____

CITY	STATE	ZIP	PHONE
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Known ALLERGIES: (List all) _____

As parent / guardian / provider of the above-named consumer, I hereby give my permission for administration of the following:
 Prescription medication(s) Non-prescription medication(s) Treatment(s) as ordered below by the attending physician. I understand that medications and treatments provided at the Fairhaven Program shall be guided by the rules and guidelines of the Board Policies and Procedures.

Parent / Guardian / Provider	Date
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The above named person requires the following during Fairhaven Program hours.

PRESCRIPTION MEDICATION(S):

DRUG	DOSE	ROUTE	EXACT TIMES TO BE GIVEN	LENGTH OF RX <small>Beginning/End Date</small>	REPORTABLE SIDE EFFECTS

NON-PRESCRIPTION MEDICATION(S):

DRUG	REASON FOR RX	DOSE	FREQUENCY	ROUTE	REPORTABLE SIDE EFFECTS

TREATMENT(S): Use separate order forms for gastrostomy feedings

TYPE OF TREATMENT	REASON	EXACT TIMES TO BE GIVEN	SPECIAL INSTRUCTIONS <small>For handling-giving or applying medication</small>	REPORTABLE SIDE EFFECTS

NAME OF PHYSICIAN	SIGNATURE OF PHYSICIAN	DATE
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Address (of physician)	City	State	Zip	Phone Number
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