

Consent to Administer Medications

I, _____ (Client or Legal Guardian),
 authorize Madison Area Rehabilitation Center (MARC) staff to assist

_____ (Client Name), _____ (Client DOB), in
 the administration of:

- ___ Physician Approved Medications
- ___ Sun Screen
- ___ Insect Repellant

while participating in programs and services provided by MARC.

MARC Medication Administration Policy

1. MARC will only offer medication administration services for procedures its staff is qualified to provide.
2. MARC will use measurable eligibility standards to determine eligibility for medication administration services.
3. MARC will follow available minimum standards pertaining to medication labeling, recording, storage, retrieval and disposal.
4. Only properly trained and supervised MARC staff will be authorized to provide medication administration services.
5. MARC will modify medication administration service eligibility and availability in response to client needs and regulatory compliance.

 Client Signature

 Date

 Legal Guardian Signature (if appropriate)

 Date

MARC Corporate & RES/RAC
 901 Post Road
 Madison, WI 53713
 p. 608-223-9110
 f. 608-223-9112

MARC-South
 901 Post Road
 Madison, WI 53713
 p. 608-288-8088
 f. 608-223-9112

MARC-East
 66 Buttonwood Court,
 Madison, WI 53718
 p. 608-241-2929
 f. 608-241-1762

MARC-Mt. Horeb
 225 Blue Mounds Street
 Mt. Horeb, WI 53572
 p. 608-437-5998
 f. 608-437-4998

MARC-Stoughton
 932 N. Page Street
 Stoughton, WI 53589
 p. 608-873-521
 f. 608-873-5217

MARC -West
 805 Forward Drive
 Madison, WI 53711
 p. 608-273-3630
 f. 608-273-3630

MARC-Sauk County
 124 Second Street, Ste 39
 Baraboo, WI 53913
 p. 608-355-6272
 f. 608-448-4313