**UNIVERSITY HEALTH CENTER**



Medication/Order Authorization

This form will detail the necessary requirements for the University Health Center to store and administer a student’s medication. Please fax to (540) 568-6176.

Name of Student: Date of Birth: / /

Name of Prescribing Provider: Address of Prescriber: Telephone: Fax:

Name of Medication:

|  |  |
| --- | --- |
| Dosage: |   |
| Route: |   |
| Frequency: |   |
| Length of therapy: |   |
| ICD 10 Code(s): |   |
| Special Instructions: |   |

 Student will bring medication with them

\_\_\_\_ New RX with 1st dose being given at UHC

 Medication will be shipped to the JMU Health Center (additional form must be completed by student)

Provider’s Signature: Date:

***Internal Use*** *–* Approved By:

UHC Medical Director Signature: Date:

2022