

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 may self-administer in clinic ☐ Student may take home to self-administer Provider’s Signature: Date:



***Internal Use*** *–* Approved By: (print name)

Signature: Date:

Student Success Center

MSC 7901, 724 S. Mason St.

Harrisonburg, VA 22807

540-568-6178 Phone

jmu.edu/healthcenter

**University Health Center**