Texas School for the Blind and Visually Impaired
Health Care Provider’s Order for Student Medication

Student Name: ___________________________ DOB: ___________________

For students who take medication: Please take this form to your student’s Health Care Provider’s office for completion by a licensed provider.

Dear Physician, Physician’s Assistant, or Nurse Practitioner: When a student is in residence at the Texas School for the Blind and Visually Impaired (TSBVI), nurses and trained school staff administer medications. In order for TSBVI nurses and trained school staff to administer medications (prescription and over-the-counter), TSBVI must have a current, licensed provider’s order on file for each medication to be administered at school. These orders will be continued throughout the school year unless otherwise indicated by the stop date provided below.

The prescribing provider authorizes TSBVI nurses and trained school staff to administer medications as prescribed below:

<table>
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<tr>
<th>Prescription</th>
<th>Dosage</th>
<th>General Area Addressed e.g. seizures, attention deficit, blood pressure, etc.</th>
<th># Times Per Day</th>
<th>Time of Day</th>
<th>Stop Date, if any</th>
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*If additional room is needed for prescriptions, please print out and use second form.*

Comments or Additional Instructions:

__________________________________________________________________________________________________

Health Care Provider’s Signature       Date
____________________________________________________
Health Care Provider’s Printed Name
Address: _________________________________________________________________________
Phone Number: ___________________________ Fax Number: _____________________________

Please Mail or Fax to: TSBVI Health Center Office 1100 West 45th Street, Austin, TX 78756 Phone: 512-206-9136 Fax: 512-206-9445

By signing this form, I attest to my knowledge that these are the medications I am providing to TSBVI. I consent for TSBVI nurses or trained school staff to administer these medications to the student as indicated on this form.

____________________________________________________________________  ___________________
Signature of Parent or Guardian or Student age 18 or older who is able to give informed consent or Other Person with Legal Authority (Power of Attorney, Voluntary Adult Caregiver, or Agent)

Printed Name of Person Signing Date

Revised 6-19-2019