



TEXAS SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED

Student Medication: Physician's Order

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

For Parents/Guardians of Students Who Take Medication: Please take this form to your child's physician's office and have one of the approved staff listed below complete and sign the form.

Dear Physician (Physician's Assistant or Nurse Practitioner):

When the student is in residence at the Texas School for the Blind and Visually Impaired, the staff in the Student Health Center will administer the student's medication. In order for the School to administer any of the student's prescriptions for medication, we must have a physician's order. The orders will be continued throughout the school year unless otherwise indicated by the stop date provided below.

The prescribing physician authorizes TSBVI licensed nurses to act as the agent for the prescribing physician when ordering the following medications:

Table with 6 columns: Prescription, Dosage, General area addressed (ex. seizures, attention deficit, blood pressure, etc.), # times per day, Time of day, Stop date, if any.

\* If additional room is needed for prescriptions please use a second form.

Comments or Additional Instructions:

Physician Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Email, Mail or Fax to:

Short-Term Programs
Texas School for the Blind and Visually Impaired
1100 West 45th Street
Austin, Texas 78756
Phone: 512.206.9241 Fax: 512.206.9168
Email: stpreferrals@tsbvi.edu