

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:

Prescription	Dosage	General Area Addressed <i>e.g. seizures, attention deficit, blood pressure, etc.</i>	# Times Per Day	Time of Day	Stop Date, if any

**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**