



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:

Prescription	Dosage	General Area Addressed <i>Ex. 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 use a second form.**

Comments or Additional Instructions:

Physician Printed Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Physician's Signature

Date

Please Mail or Fax to:

Admissions Office
1100 West 45th Street
Austin, Texas 78756
Phone: 512.206.9182
Fax: 512.206.9148