J. Brooks Hoffman '36 Health Center
Blair Academy

healthcenter@blair.edu
(phone) (908)362-6121, ext. 5625 (fax) 908-362-7885

MEDICATION ORDER FORM 2019-2020

***HEALTH CARE PROVIDER to complete** if applicable*

☐ NOT APPLICABLE

STUDENT NAME:_____DATE OF BIRTH:_____

DIAGNOSIS:_____
Dear Licensed Prescriber: (***Please note Health Care provider must be someone other than a parent)***

Your patient is a student at Blair Academy and is under your care regarding the management of a prescription medication. School and state regulations require that these medications be administered from the school's Health Center and that a written medication order from the licensed prescribing provider be kept on file in the student's medical record.

We work with ***North Warren Pharmacy, 908-362-5156, 155 NJ Route 94 Blairstown, NJ 07825*** for prescriptions, refills and blister packaging. ***ALL medications must be blister packed; no exceptions***. Please be sure to discuss a plan for your patient to obtain refill prescriptions from you so that there is little or no interruption of his/her medication. Please feel free to contact the Health Center directly with any questions.

Sincerely,
Tara Parker, APN, NP-C
Director of Health Services

Prescribing Provider signature:_____DATE:_____
Address:_____
Phone:_____FAX:_____

MEDICATION ORDERING INFORMATION

Medication Name	Dose	Frequency	Route	PRN only (YES OR NO?)	Administer Stimulants on Class Days only (Yes or No)	Comments