J. Brooks Hoffman '36 Health Center | Blair Academy
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MEDICATION ORDER FORM 2021-2022

HEALTH CARE PROVIDER to complete if applicable

Student Name: _____ DOB: _____

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.
- While at Blair, students frequently travel for team sporting events as well as academic and cultural pursuits. Toward this end, student medications will be given to the trip leader prior to the trip departure. Trip leaders will carry the medication for the duration of travel. By signing below you are indicating that the above named student has been properly trained in self administration of the medication(s). The student has the knowledge and ability to self administer the below prescription and/or over the counter medication(s) supplied by the parent/guardian during travel/outings
- We work with ***North Warren Pharmacy, 908-362-5156, 155 NJ Route 94 Blairstown, NJ 07825*** for prescriptions, refills and blister packaging. **ALL controlled substances 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.

Prescribing Provider Name *(please print)*: _____ Prescribing Provider Signature_____

Date: _____ Address: _____

Phone: _____ FAX: _____

Office Stamp **(required)**

MEDICATION ORDERING INFORMATION

Medication Name	Dose	Frequency	Route	PRN Only (Yes or No)	Administer Stimulants on Class Days only (Yes or No)	Comments/Diagnosis
Tylenol (or generic)	per label	per label instructions by age	po	yes		For pain or fever; call office if fever >102
Ibuprofen	per label	per label instructions by age	po	yes		For pain or fever; call office if fever >102
Benadryl, Zyrtec, Claritin, Allegra	per label	per label instructions by age	po	yes		insect bite
Antibiotic Ointment	per label	per label instructions by age	topical	yes		Superficial cuts/abrasions
Hydrocortisone Cream	per label	per label instructions by age	topical	yes		Insect bites
Calamine Lotion	per label	per label instructions by age	topical	yes		Insect bites
Sun Block/Sunscreen	per label	per label instructions by age	topical	yes	outdoor activities	Apply q2h/postswim

Revised: 5/13/2021