



Medication/Order Authorization

This form will detail the necessary requirements for Student Health Center – Danforth Campus (SHC) to administer a student’s medications. Please fax to (314) 696-1214 Attention to Nursing Supervisor, or email directly to SHCNursing@wustl.edu, using Subject: Medication/Order Authorization.

Student may not schedule appointment for a Nurse visit for medication injection and instruction for self-injection until this form is completed by the ordering clinician and approved by SHC Medical Director.

The SHC will provide the service of injecting the medication but will not be assuming the responsibility of managing the medication or the condition necessitating the medication.

Please note that a new form must be completed each academic year, per clinic policy.

Name of Student: _____

Date of Birth: _____

Name of Prescribing Provider: _____

Phone Number of Provider: _____

Address of Provider: _____

Name of Medication: _____

Dosing of Medication: _____

Route of Medication (Please circle):

Subcutaneous

Intramuscular

On-body Injector

(Infusions and IV medications CANNOT be administered at SHC)

Frequency of Medication: (weekly, monthly, etc) _____

Length of Therapy Expected: _____

Indication for Medication: Diagnosis with ICD 10 Code: _____

Special Instructions, including **what to do if expected dose is missed:** _____

PROVIDERS PLEASE NOTE: For students who need support for medications that can be self-administered, we offer teaching and injection support for one academic year with the goal of helping the student build a comfort level with self-administration. ***Please prescribe autoinjectors whenever possible.***

Provider's Signature: _____ Date: _____

Internal Use- Approved By:

SHC Medical Director Signature: _____ Date: _____

Nurse Supervisor Signature: _____ Date: _____

Is this medication on the NIOSH list of Hazardous Drugs? Yes OR No

Does staff need additional training for this medication/route of administration? Yes OR No