



**Health Center Registration  
Medication Authorization**

<b>SUMMER</b>	<b>Grade Entering</b>	<b>DOB</b>

CADET/CAMPER Last Name \_\_\_\_\_

CADET/CAMPER First Name \_\_\_\_\_

D.O.B \_\_\_\_\_

This form **MUST** be completed and signed by a physician for ALL cadets taking medication, including routine, over the counter, vitamins, and supplements along with the office stamp and/or seal.

**\*\*Cadets/Campers are not allowed to self-medicate or possess supplements or medications in room\*\*—see Dismissal Offenses and Zero-Tolerance Drug Policy Covenant.**

**No muscle building, performance enhancing substances may be taken or in the Cadet's/Camper's possession at any time.**

List ALL medications (including vitamins, over-the-counter, and nonprescription drugs) to be taken. Please provide the Health Center with a **physician's signature** for all your medications. Please note that **MEDICATIONS FROM OTHER COUNTRIES WILL NOT BE ACCEPTED DUE TO FDA AND FEDERAL LAW.**

Per Federal regulations, CA Physicians writing controlled substances must be filled at the your local pharmacy and mailed/delivered to the Health Center.

Any changes or discontinuation in medication during the summer must be written by the practitioner. Changes in prescriptions may be faxed directly to the ANA Health Center at 760-434-1027.

MEDICATION	DOSE/ROUTE	FREQUENCY					REASON FOR USE
		7AM	12PM	3PM	6PM	9PM	

**Please provide any special instructions, for example: Cadet/Camper may refuse medication on weekends or evenings, OR student may NOT refuse.**

If a new medication is replacing another, please provide the discontinuation order.

Special Instructions: \_\_\_\_\_

Discontinuation Order: \_\_\_\_\_

Prescribing Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Practitioner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Office Stamp and/or Seal is required:**