



**Health Center Registration
Medication Authorization**

SUMMER	Grade Entering	DOB

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****

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 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	PRN	

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: