

ARMY AND NAVY ACADEMY

Health Center

Medication Authorization Form

CADET/ Camper Last Name _____ CADET/Camper First Name _____ DATE OF BIRTH: /SUMMER YEAR _____

This form MUST be completed and signed by the prescribing physician for ALL cadets taking medication, including routine, over the counter, vitamins, EPI- Pens and ALL supplements.

***CADETS/CAMPERS ARE NOT PERMITTED TO SELF MEDICATE**

Muscle building, performance enhancing substances ARE NOT PERMITTED ON CAMPUS and are against CIF Rules & Regulations.

****Please note: MEDICATIONS FROM OTHER COUNTRIES WILL NOT BE ACCEPTED DUE TO FEDERAL LAW. – ALL supplements must be in original and unopened packaging. ***See Policy.**

Prescription medications for ADHD, depression, and other medications used to treat psychological conditions, must be delivered directly to the Health Center. Out of state controlled substances must be filled in your State of Residence and shipped to the Health Center that will then be transported to Carlsbad Village Pharmacy for repackaging. CA Physicians writing controlled substances must mail the original hard copy triplicate RX to the Health Center, 2605 Carlsbad Blvd Carlsbad, CA 92008. All other prescriptions may be called to the pharmacy at 760-729-2405 or faxed to 760-729-1340.

***** Any changes or discontinuation of medication during the school year will require a new Authorization Form. Changes may be faxed directly to the ANA Health Center at 760-434-1027.**

MEDICATION	DOSE/ROUTE	FREQUENCY						REASON FOR USE
		7AM	12PM	3PM	5PM	9PM	PRN	

Please provide any special instructions, i.e: “School Days Only” ” Weekends Optional” or “Student may NOT refuse”.

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

Discontinuation Order: _____

Special Instructions: _____

Prescribing Practitioner’s Signature: _____ Date: _____

Print Practitioner’s Name: _____ Title: _____

Address: _____

Phone: _____

Fax: _____

Office Stamp and/or Seal required: