J. Brooks Hoffman '36 Health Center Blair Academy
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Off Campus Health Care Provider Visit Form 2022-2023

To the EXAMINING HEALTH CARE PROVIDER:
In order to ensure that the Health Center has a completed and updated health record for our mutual patient/student and for communication purposes if the Health Center has a question, please complete the information below and STAMP in the space provided.

Please present this completed form, along with the medication (if applicable), to the Health Center upon arrival at school.

Student Name: _____DOB:_____Date of Exam/Evaluation:_____
Diagnosis:_____
Treatment: _____
Plan of Care: _____
_____
Follow up Appointment? NO_____ YES_____(date)

Activity Level: ***Consulting Healthcare Provider MUST designate below:***

- ❑ ***No activity--Complete restriction from physical activity until _____(date)***
  *****A written health care provider's note of Clearance must be received by the Health Center BEFORE student will be permitted to return to activities***
- ❑ ***Partially cleared as of _____(date) with restrictions/allowances listed here:***
  _____
  _____
  _____
- ❑ ***Cleared for FULL activity as of _____ (date)***

Rehabilitation Program: ***Consulting Healthcare Provider Must designate below:***

- ❑ ***Student referred to Physical Therapy (please provide written prescription)***
- ❑ ***No physical therapy or rehabilitation recommended at this time.***

Provider Signature: _____ Date: _____

HISTORY REVIEWED and STUDENT EXAMINED BY: **Professional Designation:** ❑ **MD/DO** ❑ **APN/Nurse Practitioner** ❑ **PA**	**PHYSICIAN/HEALTHCARE PROVIDER STAMP** ***Please note Health Care provider must be someone other than a parent or relative.***

Revised: 12/15/2020 RZ, 06/06/2022 RZ

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MEDICATION ORDER FORM 2022-2023

***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

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