**Davidson College** 

**Center For Student Health & Well-Being** 

Phone: 704-894-2300

Fax: 704-894-2615

We are happy to continue to assist you in receiving injections of medication prescribed by your off campus medical provider. The completion of the enclosed forms will allow us to have the information necessary to administer your medication injections safely. Please have your medical provider read through this form and send them to Student Health Center prior to your next appointment for injection. There is also an agreement form for you to complete which details information important in this process.

The center hours are from Monday – Friday from 8:00-5:00. To schedule an appointment, please call 704-894-2300.

Sincerely,

Kathy Carstens, BSN, RN-BC Associate Director Center for Student Health & Well-Being

## Injectable Medication Agreement

This agreement will be reviewed and signed each year by students requesting administration of medication injections in the Student Health Center. Please initial below items:

	Patient Signature: Today's Date:			
	Patient Name: Date of Birth:			
5.	I understand injections are given by appointment only Monday – Friday.			
4.	I understand there is a fee for injections based I receive is: \$5.00 fee per injection			
3.	I understand and agree to have my medical provider complete and send the "Injectable Medication Agreement Form for Medical Providers" to the health center prior to an appointment to receive my initial injection. This form needs to be updated annually.			
2.	I agree that my off campus medical provider will continue to be responsible for managing the medical condition for which I receive this injection. If I prefer to have this medical condition managed by a provider in the health center, I will sign a ROI to have my medical records released and schedule an appointment with a medical provider to determine if my condition can be adequately managed by the medical staff/resources on campus			
1.	I agree that I will need to work with my medial provider to obtain prescriptions, refills and guidance regarding side effects of my medication.			

## **Injectable Medication Agreement Form**

The Student Health Center at Davidson College is happy to partner with students' medical providers to provide injection services for medications. To provide quality care assurance, we ask prescribing clinicians to provide the following information:

- 1. Completion of the order form below
- 2. Any additional medical records/documentation essential to care for this patient
- 3. We ask that this form be updated annually

Students will be instructed to contact your office to discuss any concerns related to this medication. The Health Center will notify your office and send records if the patient experiences any adverse effects from this medication. A copy of the record will be provided to the student if they need to obtain injections while home so that primary providers have appropriate documentation of date of last injections.

## **INJECTION ORDER FORM**

Patient Name:		DOB:		
Name of medication to be injected:				
Dose and Route of administration (i.e. IM, SC):				
Frequency of Administration:				
Length of time patient should be observed after injection:				
Dx for which patient is receiving this medication:				
Date of initial order and/or initial injection:				
Date of most recent injection if different than above:				
Number of refills remaining on current prescription:				
Additional information:				
Name of clinician:				
Address:				
Office phone number	Fax			
Signature of prescribing clinician:		Date		