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

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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:

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. _____
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. _____
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. _____
4. I understand there is a fee for injections based I receive is:
   $5.00 fee per injection _____
5. I understand injections are given by appointment only Monday – Friday. _____

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____

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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_____