



SKIDMORE COLLEGE HEALTH SERVICES

815 North Broadway Saratoga Springs, NY 12866
Phone: 518-580-5550 Fax: 518-580-5556 e-mail: health@skidmore.edu

REQUEST FOR ASSISTANCE WITH INJECTABLE MEDICATION

Please complete and fax the following **order form AND last office note** for a nurse to assist with administration of an injectable medication. **NOTE: Health Services is unable to administer initial or loading doses.**

Student Name: (Please print)		DOB:
Medication:		
Dose: (mg/ml or other)		
Frequency:		
Reasons to withhold the medication:		
Notify ordering provider of the following side effects:		
Name/number for nurse/provider to contact with questions:		
This medication may be given up to 2 days early : <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain: _____		
This medication may be given up to 2 days late : <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain: _____		
Last office note attached: <input type="checkbox"/>		
PROVIDER INFORMATION		
Provider Signature:		Date:
Address:		
Phone number:		
Fax number:		