



# Authorization for the Administration of Medication at Discovery Club

Colorado State Law and Regulations require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) for the nurse or designated trained personnel to administer medication.

**Complete *one form for each medication* to be administered at Discovery Club, including any over the counter medications (such as diaper creams, sunscreens, Tylenol).**

## Prescriber's Authorization

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Relevant side effects: None expected Specify: \_\_\_\_\_

ALLERGIES: NO YES (*specify*): \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: \_\_\_\_\_

(*Type or print*)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## **Use for Prescriber's Stamp**

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_