

THE GULF COAST CENTER
 AUTHORIZATION FOR ADMINISTRATION OF MEDICATION
 LOR-7000 Ave. B, Santa Fe, Texas 77510 / (409) 944-4460/1-800-615-4763/(FAX#) 409/927-4308

PERSONS' NAME: _____ D.O.B.: _____

NAME OF PRESCRIBING PHYSICIAN: _____ PHONE NUMBER: _____ FAX: _____

NOTE TO PHYSICIAN: Please complete all information for each medication prescribed. State the exact time the medication is to be given.

We cannot give prescription medications with the directive BID, TID, QID, etc.

ALLERGIES:

NAME OF MEDICATION (If Generic is substituted, lists Generic Names)	RX #	START DATE	END DATE	ROUTE	DOSE (mg.ml.etc) & how many	TIME(S) TO GIVE MEDICATION (INDICATE 8AM/8PM etc.)	BENEFITS/ HAZARDS EXPLAINED TO PERSON
Example: Concerta or Methylphenidate-Generic				PO	10 mg. 1 tab @	8_AM ___NOON PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO
						___AM ___NOON ___PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO
						___AM ___NOON ___PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO
						___AM ___NOON ___PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO
						___AM ___NOON ___PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO
						___AM ___NOON ___PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO
						___AM ___NOON ___PM ___HS	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete the following sections regarding individual's ability to self-medicate & OTC Meds.

PERSON MAY SELF-MEDICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF PERSON CANNOT SELF-MEDICATE, DESCRIBE DEGREE OF ASSISTANCE REQUIRED <input type="checkbox"/> PLACE MED(S) IN DISPENSING CUP ONLY <input type="checkbox"/> HAND OVER HAND ASSISTANCE TO MOUTH <input type="checkbox"/> PLACEMENT OF MED(S) IN MOUTH (THIS REQUIRES NURSE DELGATION)	<input type="checkbox"/> OTHER - <u>LIST ANY OVER THE COUNTER MEDICATIONS & ANY SPECIAL INSTRUCTIONS.</u> _____ _____ _____

SIGNATURE OF PRESCRIBING PHYSICIAN DATE

SIGNATURE OF INDIVIDUAL/PARENT and/or GUARDIAN DATE

NOTE TO FAMILIES:
ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH THE ORIGINAL PRESCRIBED INFORMATION BEFORE MEDICATION MAY BE ADMINISTERED.