

## SKIDMOREOLLEGHEALTHSERVICES

815 NorthBroadway Saratoga Springs, NY 12866 Phone: 518580-5550 Fax: 518580-5556 e-mail: health@skidmore.edu

## REQUEST FOR ASSISTANCE WITH INJECTABLE MEDICATION

The following student is requesting assistance with administration of an injectable medication in our  $\ensuremath{\mathbf{\partial ftiaee}}$ complete the following order form and fax to Skidmore College Ith Services so that a nurse can assist with administration:

| Student Name: (please print)                     | DOB: |
|--|------|
| Medication:                                      |      |
| Dose:  |      |
| Frequency:                                       |      |
| Reasons to withhold th medication:               |      |
| Flexibility with dosing (i.e. may be given 2 day |      |