

# MEDICAL AUTHORIZATION FORM

**IMPORTANT:**

When placing your new order, please submit the following documents:

- This completed Medical Authorization Form
- Copy of signed State License for the named practitioner

If medical devices and prescription pharmaceuticals are to be used in other locations besides the address listed, please attach a separate list and submit with this form.

**Please email or fax these documents to School Health:**

**Fax: 800-235-1305, Email: [orders@schoolhealth.com](mailto:orders@schoolhealth.com)**

Orders without the required documents will not be processed. If you have any questions, please call Customer Service at 866-323-5465.

(Please print)

Company/School Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (        ) \_\_\_\_\_ - \_\_\_\_\_

This Certificate of Authority is executed on behalf of the above named Company/School, as well as other locations listed in attached list which are authorized to purchase the Medical Device(s) and/or prescription drug(s) (listed below) from School Health Corporation.

**Medical Devices being ordered:** Please check boxes.

AED\*     Ultrasound Unit     Muscle Stimulator/T.E.N.S.     Other \_\_\_\_\_

The Company/School named above is solely responsible for meeting all federal, state, and local training requirements and laws concerning said medical device(s).

Physician/Licensed Practitioner Name: \_\_\_\_\_ State License\*/Cert. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prescription Pharmaceuticals being ordered:** Please check boxes.

EpiPen® Regular/Junior     Auvi-Q     Epinephrine Autoinjector (Generic)     Prescription Drugs: \_\_\_\_\_

This is to certify that all such drugs will be prescribed, dispensed or administered under the supervision of a practitioner licensed by law to prescribe, dispense and/or administer such drugs.

Physician/Licensed Practitioner Name: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_ State License Number\* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required. Most states provide immunity from civil liability to the physician prescribing an AED. State legislation can be accessed through your state's website.