

PHYSICIAN ORDER FOR SCHOOL INTERMITTENT CATHETERIZATION

Student Name: _____ **DOB:** _____
School: _____ **Grade:** _____ **School Year:** _____

This Section to be Completed by PHYSICIAN:

Allergies: _____
 Medical Diagnosis: _____
 Catheterization Order: (check applicable box)

- Intermittent Catheterization by School Nurse/Trained School Staff
- Intermittent Catheterization by Student (Self-Cath)
- Assistance or Monitoring Needed with Self-Cath

Frequency During the School Day:

- Every _____ hours
- Specific Times as listed: _____

Output needs to be measured each time: Yes No

Additional Information about this procedure:

In order to keep this child in optimum health and to help maintain school performance, it is necessary that this procedure be administered during school hours.

Physician's Signature	Date	
Physician's name (print)	() _____	() _____
	Telephone Number	Fax Number

This Section to Be Completed by PARENT:

- As parent/guardian of the above named student, I request that the catheterization procedure as prescribed by the physician be administered at school.
- I agree to provide all the necessary supplies and equipment for the administration of the procedure.
- I understand it is my responsibility to notify the school if the orders change, and will provide updated physician orders.
- Unless otherwise specified, this order is good for the current school year and must be renewed each school year.
- My signature below indicates I am giving permission for the Elmbrook School staff to contact the physician for additional information, if needed.

Signature of Parent/Guardian	Date	() _____ Telephone Number
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(for Health Office Use Only) _____ School Nurse _____ Review Date