

AUTHORIZATION FOR TREATMENT AT SCHOOL

Student _____ Birthdate _____ School _____

This portion of the form is to be completed by the Health Care Provider

Oral Intake

- Foods Instructions _____
 Fluids add thickening agent to _____ consistency. Instructions _____
 Oral nutritional supplement. Product and instructions _____
 Nothing by mouth

Gastrostomy tube feeding

Product _____ amount _____ time(s) _____
Feeding instructions _____

Gastrostomy tube re-insertion

Type _____ size _____ balloon volume/type _____
Replacement instructions _____

➡ Slip tip syringe and lubricant must be provided if Mic-Key gastrostomy tube is used.

Bladder or other catheterization

- daily disaster planning only
 sterile modified sterile clean intermittent assisted self-cath independent

Time(s) _____

Instructions _____

I request and authorize that the above named student be provided with the treatment listed above in accordance with the instructions indicated. I understand that this treatment will be provided during such time that the student is under the supervision of school staff and that non-licensed school staff, in accordance with state laws for nursing delegation, may provide this treatment. This order must be **renewed each school year**. Length of prescription: current school year (including summer school program) Other _____

Licensed Health Care Provider signature

Date

LHCP printed name

Telephone number

This portion of the form is to be completed by the Parent/Guardian

I certify that I am the parent, legal guardian, or other person in legal control of the above identified child.

I request and authorize the school to provide the treatment listed above to my child in accordance with the Health Care Providers instructions. I understand that this treatment will be provided during such time that the student is under the supervision of school staff and that non-licensed school staff, in accordance with state laws for nursing delegation, may provide this treatment. This order must be **renewed each school year**.

Parent/guardian signature _____ Date _____ Telephone number _____