



Authorization for Specialized Health Care Procedure/Treatment

Whenever possible, it is desirable for treatments and procedures to be scheduled at times other than school hours.

Protocol for procedures/treatments include the following:

1. Completed authorization form for procedure/treatment during school.
2. Completed parental consent on form allowing the school to comply with the orders.
3. Provision of necessary supplies and equipment by parent/guardian to the school nurse for performance of the treatment/procedure.
4. Conference time, as necessary, to address individual student's needs, parent concerns, and an agreeable plan of treatment.

Physician/Nurse Practitioner, please complete and sign this form.

Student's Name _____ Diagnosis _____
 Procedure/Treatment _____
 Time/Duration _____ Frequency _____
 Specific Directions (can include attachment) _____

 Duration of Order _____ Other Comments _____

(Date) (Physician/Nurse Practitioner, Signature, Printed Name) (Phone Number)

PARENT/GUARDIAN, please complete the following:

I request that the school provide the above treatment/procedure as ordered by the Physician/Nurse Practitioner. I will notify the school immediately if my child's health status changes, the physician changes, or there is a change/cancellation of the procedure.

(Date) (Parent/Guardian Signature) (Phone Number)

I give permission for the school nurse to contact the prescribing Physician/Nurse Practitioner and/or that office regarding this treatment for my child.

(Date) (Parent/Guardian Signature)