

**COUNCIL ROCK SCHOOL DISTRICT**  
Bucks County, Pennsylvania

Authorization for Specific Medical Procedure to be Done by the School Nurse

The Council Rock School District requires a physician's written order and parent/guardian authorization for a specific medical procedure to be done in school.

**PHYSICIAN'S ORDER**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which specific medical procedure is to be done: \_\_\_\_\_

Name of specific medical procedure: \_\_\_\_\_

Time(s) of administration \_\_\_\_\_

Precautions, possible untoward reaction, interventions: \_\_\_\_\_

If specific medical procedure is a tube feeding, please indicate type of formula and amount to be given at each feeding: \_\_\_\_\_

Length of time Specific Medical Procedure is to be done as above: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Date Date Physician's Signature

\_\_\_\_\_  
Address and Telephone Number

**Authorization of Parent/Guardian for the Specific Medical Procedure by the School Nurse**

To \_\_\_\_\_ Date \_\_\_\_\_  
Name of Program

I hereby request that the school nurse provide my child \_\_\_\_\_  
the specific medical procedure as ordered above by his/her physician and will not hold the school district or its personnel responsible for the complications related to this procedure.

\_\_\_\_\_  
Parent of Guardian Signature

4 (5/09) Telephone No. \_\_\_\_\_ home Telephone No. \_\_\_\_\_ work emergency