NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

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Physician and Parent Authorization for Respiratory Care

Name of Student: _____ Birthdate: _____ School Year: _____

To Be Completed by the Physician:

Physical Condition: _____

Suctioning:

- ☐ Oral - as needed
- ☐ Tracheal - as needed: depth_____cm
  Size of suction catheter_____
- ☐ Use of saline: amount _____(gtts or cc)
- ☐ Clean cannula with: _____(H2O2, alcohol, tap water, saline)
- ☐ To be performed by:_____
- ☐ Precautions, possible reactions and interventions:_____

Oxygen:

- ☐ Oxygen equipment (circle): Concentrator / Liquid Oxygen / Tank
- ☐ Delivery Device (circle): Nasal Cannula / Mask / Trach Collar
- ☐ Flow rate: _____ LPM
- ☐ Frequency/indication:_____
- ☐ Continuous or prn or at _____for _____.
- ☐ Pulse Oximeter: ☐Spot Check /☐ Continuous/ Keep O2 Sats Above: _____%
- ☐ To be performed by:_____
- ☐ Precautions, possible reactions and interventions:_____

Nebulizer Treatments: (See Asthma Action Plan for medication and dosage)

Give via:

- ☐ Mask
- ☐ Hand held
- ☐ Trach collar
- ☐ Other: _____
- ☐ Give prn for oxygen saturations less than:_____
- ☐ Frequency/indication: _____
- ☐ To be performed by:_____

Name of Student: _____ Birthdate: _____ School Year: _____

Physician/Health Care Provider's Name:_____Phone: (__)_____

Physician/Health Care Provider's Signature:___ _____

To Be Completed By Parent or Guardian:

We will notify the school immediately if the health status of my child changes, we change physicians, or the procedure is changed or cancelled. We understand that, whenever possible, the specialized physical health care service should be provided before or after school hours.

I request these procedures be performed on my child according to the above instructions. I authorize the physician to release medical information regarding my child to school health or administrative personnel:

_____ _____
Parent or Guardian Signature Date

_____
Address

_____ _____ _____
Home Phone Work Phone Cell Phone

Please return to:_____ _____ _____
Nurse School Phone/fax