

PARENT CONSENT AND AUTHORIZED HEALTH-CARE PROVIDER AUTHORIZATION for Students Requiring Assistance with ADLs in Educational Settings and Sponsored Events

Student: _____ DOB: _____ Date: _____
District/Site: _____ Teacher/Rm: _____ Grade: _____

Direct Intervention: (Assisting student in performing a task)

- 1. Oral feeding:
Feeding evaluation completed: Yes No
NPO (nothing by mouth)
Tiny tastes of: foods liquids
Thick liquids
Thickener: Amount:
Pureed foods
Chopped
Regular
Restrictions:
Other:
2. Toileting:
Per classroom schedule and/or as needed
3. Diaper Change:
Per classroom schedule and/or as needed
Barrier Cream
Name:
Dose: Frequency:

- 4. Bowel and Bladder Care
As needed N/A Other
5. Dressing/Grooming
As needed N/A Other
6. Bathing (washing face/body)
As needed N/A Other
7. Ambulate/Position/Transfer
As needed N/A Other
8. Cueing, Redirecting, or Monitoring
As needed N/A Other
9. Other:
10. Other pertinent information / recommendations signed and attached to this authorization form.

Reason for Medical Necessity (Diagnosis and/or description of student's physical or cognitive impairment affected):

Authorized Health-Care Provider Authorization for Management in the Educational Setting

My signature below provides authorization for the above written orders. I understand all procedures will be implemented in accordance with state laws and regulations.
(Initial here) I authorize unlicensed designated school personnel, under the training and supervision provided by the credentialed school nurse, may provide this procedure. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.
*Authorized Health-Care Provider Name *NPI Number
Signature Date
Phone Address City Zip
Supervising Physician Name NPI Number
Phone Address City Zip
I request that the credentialed school nurse provide me with a copy of the completed Individualized Health-Care Plan (IHP).

Parent Consent for Authorization and Management in the Educational Setting

I (we) the undersigned, the parent(s)/guardian(s) of the above-named student, request that the specialized physical health-care service be administered to my (our) child in accordance with state laws and regulations.
I (we) will:
1. provide the necessary supplies and equipment;
2. notify the credentialed school nurse if there is a change in child's health status or attending authorized health-care provider; and
3. notify the credentialed school nurse immediately and provide new written consent/authorization for any changes in the above authorization.
I (we) give consent for the school nurse to communicate with the authorized health-care provider when necessary.
I (we) understand that I (we) will be provided a copy of my child's completed Individualized Health-Care Plan (IHP).
Parent(s)/Guardian(s) Signature: Date
Date

Reviewed by credentialed school nurse (signature) _____ Date _____
Credentialed school nurse has informed principal about health-care services provided for this student.