

PARENT CONSENT AND AUTHORIZED HEALTH-CARE PROVIDER AUTHORIZATION for Management of Clean Intermittent Catheterization (CIC) in Educational Settings and Sponsored Events

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

1. Latex Allergy: [] YES [] No
2. Catheterization frequency: (may include Extended Learning hours) [] Every ___ hours [] As needed (PRN)
3. Catheterize via: [] Urethra [] Stoma _____
4. Single-use Catheter Type: _____ [] Straight [] Coudé [] Olive [] Other _____ Size _____ Fr
*Research and evidence-based practice supports single-use catheters to minimize CAUTI in educational settings.
5. Lubricant [] Water soluble lubricant/gel [] Hydrophilic - use water [] pre-lubricated
6. Genitalia cleaning product: [] Unscented wet wipes [] Cotton balls and soap _____ [] Other: _____
7. Measure urinary output [] Yes [] No
8. Amount of fluid intake during school day: [] Unlimited - no restrictions [] Limited to _____ cc [] Minimum of _____ cc
9. Student may: [] Perform self-catheterization [] Assist with self-catheterization to the extent possible [] May not assist with self-catheterization
10. Medication installation in the bladder (modified aseptic technique). Medication form must be attached. [] Yes [] No
11. Other:

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).

Authorization for Trained Unlicensed Person
CIC may be performed by a trained unlicensed person. [] Yes [] No
Medication instillation in the bladder may be performed by a trained unlicensed person. [] Yes [] No
Health-Care Provider Signature: _____ Date: _____
Parent Signature: _____ Date: _____

PARENT CONSENT AND AUTHORIZED HEALTH-CARE PROVIDER AUTHORIZATION for Management of Clean Intermittent Catheterization (CIC) in Educational Settings and Sponsored Events

Student:	DOB:	Date:
<p style="text-align: center;">Parent Consent for Authorization and Management in the Educational Setting</p> <p>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.</p> <p>I (we) will:</p> <ol style="list-style-type: none"> 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. <p>I (we) give consent for the school nurse to communicate with the authorized health-care provider when necessary.</p> <p>I (we) understand that I (we) will be provided a copy of my child's completed Individualized Health-Care Plan (IHP).</p> <p>Parent(s)/Guardian(s) Signature: _____ Date _____</p> <p style="margin-left: 150px;">_____ Date _____</p>		

Reviewed by credentialed school nurse (signature) _____ **Date** _____

Credentialed school nurse has informed principal about health-care services provided for this student.