

PARENT CONSENT AND AUTHORIZED HEALTH-CARE PROVIDER AUTHORIZATION for Management of a Central Venous Catheter in Educational Settings and Sponsored Events

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

1. Latex Allergy: 2. Diagnosis: 3. Type/brand of central venous catheter: 4. Date placed: 5. Size: 6. Dressing change as needed if wet, loose, or dirty. 7. Use emergency clamp... 8. Flush: 9. Medication: 10. Sports/recess/physical education: 11. Other pertinent information or recommendations:

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).

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Student:	DOB:	Date:
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Parent Consent for Authorization and Management in the Educational Setting
<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. 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>_____ Date _____</p>

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

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