

# ORDER & CONSENT FOR MEDICAL PROCEDURES TO BE ADMINISTERED AT SCHOOL



*Dedicated to Excellence*  
Cherry Creek Schools

All medical procedures to be administered at school require an “*Order & Consent for Medical Procedures*” form to be signed by the student’s prescribing healthcare provider with prescriptive authority and parent/guardian. These procedures can include, but are not limited to; urine catheterization, oxygen administration, tracheostomy suctioning and stoma access.

## TO BE COMPLETED BY THE PRESCRIBING PROVIDER WITH PRESCRIPTIVE AUTHORITY

STUDENT’S NAME (PLEASE PRINT)

Date of Birth

Student’s diagnosis/ physical condition for which the procedure is to be performed:

Procedure:

Procedure Details:

Time schedule and/or indication for the procedure:

Special Instructions:

Precautions, possible untoward reactions the provider wishes to be notified of:

SIGNATURE OF HEALTH CARE PROVIDER & PRINTED NAME

DATE SIGNED-ORDER EXPIRES IN 12 MONTHS

LICENSE NUMBER

PHONE

FAX NUMBER

By signing this document, I (parent/guardian of the above identified student) give permission for the school nurse or identified school staff designee, as appropriate and in consideration of the student’s specific needs, to administer this procedure as prescribed and give my permission for this healthcare provider to share information about this procedure with the school nurse or identified school staff designee.

I agree to provide the needed supplies for the procedure and understand that a new form must be completed annually or with any changes to the medical procedure.

PARENT/GUARDIAN SIGNATURE & PRINTED NAME

PHONE

DATE

Permission expires in 12 months