

Health Care Procedure Authorization

Student's Name _____ Teacher _____

Mother's Name _____ Home Phone _____

Mother's Work Phone _____ Mother's Cell Phone/Pager _____

Father's Name _____ Home Phone _____

Father's Work Phone _____ Father's Cell Phone/Pager _____

Physical condition for which the procedure is to be performed _____

Name of Procedure _____

Precautions, possible adverse reactions, and interventions _____

Time schedule and/or indication for the procedure _____

Equipment/Supplies/Medications needed to perform procedure _____

Special Instructions _____

Procedure is to be continued until (Date) _____

Physician's Signature _____ **Date** _____

Physician's Phone _____

I request that the treatment specified above be performed on my child. I understand that I am to provide the school with the equipment and supplies necessary to perform the procedure and that the procedure will not be performed if the equipment is not in good working condition. I understand that the school nurse or designated school employee shall not be liable to the student or parent/guardian of the student for civil damages for any personal injuries to the student which result from acts or omissions in performing this procedure, except for acts or omissions constituting gross, willful or wanton negligence.

Signature of Parent/Guardian _____ **Date** _____