# AUTHORIZATION FOR MEDICAL PROCEDURE

Attach child's photo

Student's Name _____

School Year _____/_____ Teacher/ Homeroom _____

School _____

Student has allergy to: _____

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Please read the **Medical Procedure guidelines on the back of this form** then complete, sign and return to school if you wish to authorize district staff to perform specific medical procedure(s) during school hours.

**MEDICAL PROVIDER PLEASE COMPLETE:**

Medical Diagnosis and reason for procedure_____

_____

**Procedure Type & Instruction:**

**Oxygen Administration:**

- Frequency _____ Flow Rate _____

**Oral Suctioning:** _____

**Tracheal Suctioning:**

- Type/Size of Trach Tube _____
- Indications for Suctioning _____
- Suction Catheter Size _____ Length of Insertion _____
- Saline (describe when to use) _____

**Tube Feeding:**

- G-tube _____ J-Tube _____ Time(s) _____
- Formula _____ Amount _____
- Pump (Rate of Delivery) _____ Gravity Drip _____ Bolus _____
- Replace G-Tube in the event it becomes dislodged ❑ Yes -or- ❑ No (**Note: this will only be done by a school nurse and new g-tube must be available for placement)**

**Urinary Catheterization:**

- Catheter Size _____ Type _____
- Frequency/Time _____

**Other Procedure:**

- _____

**Medical Provider Signature**_____**Date**_____

Print Provider Name_____Phone_____

Address_____City/State_____Zip Code_____

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

# MEDICAL PROCEDURE GUIDELINES

1. A written authorization and order completed and signed by the student's physician as well as a parent/guardian's signature is required before any procedure can be provided by the school.

2. The physician order must be complete, dated, and written to cover the entire school year or for a specific length of time as determined by the physician.

3. The Authorization for Medical Procedures form must be renewed annually or if a change in the student's medical condition warrants a change in care.

4. It is the parent's responsibility to inform the school of any changes in the student's medical condition which may indicate a change in care.

5. Please keep in mind that staff performing this procedure may not be healthcare professionals.

6. To ensure that these procedures are done correctly, training will be coordinated by our District Nurse in collaboration with the parent/guardian.

7. Parents/guardians are responsible for providing all the supplies needed to complete any procedures listed.