

**STATE OF LOUISIANA**  
**Jefferson Parish Schools**  
**PHYSICIAN'S AUTHORIZATION FOR SPECIAL**  
**HEALTH CARE**

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND PHYSICIAN**

**Part 1: CONTACT INFORMATION**

|               |      |       |      |                            |      |        |              |
|---------------|------|-------|------|----------------------------|------|--------|--------------|
| Student Name: | Last | First | M.I. | Sex                        | DOB: | Grade: | School Year: |
|               |      |       |      | <input type="checkbox"/> M |      |        |              |
|               |      |       |      | <input type="checkbox"/> F |      |        |              |

I hereby request that the treatment specified below be performed on my child.

\_\_\_\_\_  
Parent or Legal Guardian Name (print)

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

**PART 2: PHYSICIAN TO COMPLETE.**

**PHYSICAL CONDITION FOR WHICH THE STANDARDIZED PROCEDURE IS TO BE PERFORMED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF STANDARDIZED PROCEDURE: (each procedure order MUST be on a separate form)**

- ☐ catheterization    ☐ gastrostomy care    ☐ tracheostomy care    ☐ suctioning  
☐ oxygen    ☐ blood glucose monitoring    ☐ Other \_\_\_\_\_

Check one:

- ☐ I reviewed and approved the attached standardized procedure as written.  
☐ I reviewed and approved the attached standardized procedure with the attached modifications.  
☐ I do not approve of the school's standardized procedure and therefore, have attached my alternate written recommendations.

**PRECAUTIONS, POSSIBLE UNTOWARD REACTIONS, AND INTERVENTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME SCHEDULE AND/OR INDICATION FOR THE PROCEDURE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE PROCEDURE IS TO BE CONTINUED AS ABOVE UNTIL:** \_\_\_\_\_

(Date)

\_\_\_\_\_  
Physician Name (print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**RETURN COMPLETED FORM TO SCHOOL NURSE AS SOON AS POSSIBLE**