

Health Care Procedure Authorization

This form is used for specialized procedures which may include, but not be limited to administration of oxygen, urinary catheterization, g-tube feeding, or wound care procedures which may be needed and provided for a student while he/she attends school.

.....
I authorize the school nurse to contact the licensed provider as needed concerning this procedure and/or orders.

Provider/Clinic _____

Phone # _____ Fax # _____

Parent/Guardian Signature _____ Date _____

.....
Student's Name _____ Teacher _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Physical condition/medical diagnosis for which the procedure is being performed:

Name of Procedure _____

Orders:

Equipment/Supplies/Medications needed to perform procedure _____

****Please fill out both sides of Health Care Procedure Authorization****

Precautions, possible adverse reactions, and interventions _____

Time schedule and/or indication for the procedure _____

Position of student during procedure _____

Ability of student to assist/perform procedure _____

If procedure is a G-tube feeding, may student also have food by mouth? _____
If yes, are there any restrictions? _____

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 will notify the school immediately if my child's health status changes or there is a cancellation of the procedure(s). 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** _____

Reviewed 10/30/2020

****Please fill out both sides of Health Care Procedure Authorization****