Farmington Municipal Schools Health Services
Authorization to Administer Specialized Health Service

All specialized health services/procedures will be administered by a licensed school nurse or by other qualified school personnel who have been trained by the school nurse to administer the service/procedure under indirect supervision. The purpose of this policy is to ensure that students receive necessary therapeutic intervention according to their medical provider's orders while ensuring maximum safety for all concerned.

Student's Name: _____ Date of Birth: _____

School: _____

PHYSICIAN'S STATEMENT

Name of Service/Procedure: _____

Time/Frequency of Administration: _____

Special Instructions and Condition of Administration: _____

_____

_____

Symptoms of Adverse Effects: _____

_____

Will special or adapted procedure of administration be needed? ☐ Yes ☐ No

If yes, explain: _____

_____

Comments: _____

_____

Medical Provider's Signature: _____ Printed Name: _____

Medical Provider Address: _____

PARENT/GUARDIAN STATEMENT

I/We, the undersigned parent(s)/guardian(s) of _____, hereby request the school nurse or designee to administer the above procedure according to medical provider's instructions. I/we agree to furnish all equipment, supplies, medication, formulas or other items necessary for the administration of the service/procedure and to provide replacement and maintenance as necessary. We agree to notify the school nurse immediately if there is any change in the student's status or medical provider's orders.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Alternate Phone: _____

Revised: 03/2022