



STUDENT NAME: _____ STUDENT ID: _____ SCHOOL YEAR ____ - ____
DOB: _____ CAMPUS: _____ DIAGNOSIS/ ALLERGIES: _____

CONDITION DETAILS

DIAGNOSIS REQUIRING PROCEDURAL INTERVENTION AT SCHOOL:

ORDERING HCP:

PRIMARY HCP:

DEVICE DETAILS

TYPE, SIZE, BRAND, ETC.:

ORDERS

PROCEDURE TO BE PERFORMED:

METHOD:

SPECIAL INSTRUCTIONS:

SCHEDULED TIME(S):

DOSE/RATE (IF APPLICABLE):

ALL SCHOOL PROCEDURE ORDERS ARE VALID FROM THE DATE ORDERED AND CONTINUE UNTIL THE END OF THE CURRENT SCHOOL YEAR. ALL ORDERS MUST BE RENEWED EACH SCHOOL YEAR AND PARENT/GUARDIANS ARE RESPONSIBLE FOR CONVEYING ANY CHANGES TO PROCEDURAL ORDERS ALTERED OR DISCONTINUED.

HEALTHCARE PROVIDER AUTHORIZATION

HCP PRINTED NAME AND CREDENTIALS: _____

HCP SIGNATURE: _____ DATE: _____

OFFICE PHONE: _____ FAX: _____

OFFICE ADDRESS: _____



STUDENT NAME: _____ STUDENT ID: _____ SCHOOL YEAR ____ - ____
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PARENT AUTHORIZATION AND ACKNOWLEDGEMENT

By signing below, I attest that:

- I understand that certain procedures in the school setting may be delegated to unlicensed assistive personnel (UAP) or other healthcare professionals as assigned by the campus principal and trained by the registered nurse. Procedures may be assigned for daily performance in the classroom setting or may be delegated on a temporary basis when the student is off-campus at a school-sponsored event or the registered nurse is not available.
- I understand that the procedure will not be performed at school without appropriate provider orders and that it is my responsibility to provide updates any time there is an alteration to the plan of care or discontinuation of the ordered procedure.
- I understand that it is my responsibility as the parent/guardian to provide all necessary supplies and equipment as ordered by the provider.
- I authorize the Huffman ISD Health Services staff to share/ obtain health related information with the above healthcare provider as it pertains to implementation of the ordered procedure and related diagnosis(es).

PARENT/ GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DOWNTIME DOCUMENTATION

DATE	PROCEDURE COMPLETED	START TIME	END TIME	INITIALS

NAME: _____ INITIALS: _____ CREDENTIALS: _____

NAME: _____ INITIALS: _____ CREDENTIALS: _____

NAME: _____ INITIALS: _____ CREDENTIALS: _____