

PROCEDURE ADMINISTRATION AUTHORIZATION

Learner Name _____ Date of birth / /

Allergies _____ School _____ Grade / Teacher _____

Catheterization – Type: _____

Toileting Assistance

* A toileting plan is required and may require a school meeting. (Policy FBB-AP)

G-tube

* If G-tube is dislodged staff will cover the site and contact parent/guardian. School nurses will not reinsert tubes.

Nebulizer (complete ACBD-E2)

* Must be given at home when possible. Oxygen level above 95% and controlled cough is required to return to school.

Other: _____

TO BE COMPLETED BY THE HEALTHCARE PROVIDER

Procedure / Treatment description	Time / Frequency / Indication	Precautions or special instructions
1.		
2.		
3.		

Provider Name _____ Location _____

Phone _____ Fax _____

Provider Signature X _____ Date _____

I authorize the school nurse or designated personnel to contact the prescriber as needed to obtain or clarify health information and share information outlined in this "Procedure Administration Authorization" with individuals working within the school who need to know for the purpose of appropriate learner care while providing procedure(s) and/or treatment as described above. I agree to notify the school immediately if my child's health status changes, or there is a change or cancellation of this "Procedure Administration Authorization." I understand that the school will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the learner's health record.

Furthermore, by signing I understand I can revoke this authorization at any time in writing and agree to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the administration of procedures and/or treatments to the above-named learner from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused, or claimed to be caused or to result from care in accord with the above "Procedure Administration Authorization".

Parent/Guardian Name _____

Phone: (H) _____ **(C)** _____ **(W)** _____

Alternate Contact Name _____

Phone: (H) _____ **(C)** _____ **(W)** _____

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