

**AUTHORIZATION FOR ADMINISTRATION
OF SPECIALIZED HEALTH CARE PROCEDURES
WEST FARGO PUBLIC SCHOOL**

Students who need specialized health care procedures provided during the school day must have, in writing, a physician's prescription and parental authorization.

Student _____ Date _____

Grade _____ Date of Birth _____ School _____

Diagnosis/Condition for Which Procedure Is Required _____

Treatment Prescription _____

Procedure/Treatment Description _____

Time Scheduled Procedure Is To Be Done _____

Precautions &/or Adverse Reactions _____

Interventions for Reactions _____

Continue Procedure Until (Date) _____

Authorization For This Procedure Is Required Annually.

Physician Name (Print) _____ Date _____

Physician Signature _____ Phone _____

Address _____

I request the above health procedure and/or medication be given to my child in the manner specified herein. I give permission to school personnel to administer the health procedure and/or medication. I understand that the administration of the health procedure and/or medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this health procedure and/or medication. I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the administration of health procedures and/or medications to the above named student 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 the administration of the above described health procedures and/or medications.

Parent _____ Date _____

Address _____ Phone _____ (H)

_____ (C) _____ (W)