Lawrence County School System

Procedure Authorization Form

A physician's order and parent/guardian authorization are required to perform health care procedures in the school setting. A separate form is required for each procedure. A new authorization form is required each school year. Procedures that require authorization include, but are not limited to, catheterization, gastric tube feeding, suctioning, tracheostomy care, or ostomy care.

Student Name _____ Date of Birth_____

School_____ Grade_____ School Year_____

PHYSICIAN'S ORDER – must be completed by a licensed physician. The above-named student is under my medical care and requires this procedure at school.

1. Health Condition for which procedure is required_____

2. Procedure/Treatment_____

Special Instructions: _____

Tube Feeding only:

Type of formula_____ Strength_____ Volume _____ Followed by:_____ ml water.

Frequency/Times: _____

Delivered by (select one): ☐ Gravity/Bolus; ☐ Pump - Rate _____; ☐ Slow Push over ____ min.

Water Bolus: Volume: _____ Frequency/Times: _____

Delivered by (select one): ☐ Gravity/Bolus; ☐ Pump - Rate _____; ☐ Slow Push over ____ min

Check residual: ☐ Yes or ☐ No; If residual > _____ Do the following:_____

If tube comes out at school, the parent is to replace it. First feeding may be done at school. ☐ Yes or ☐ No

3. Time or frequency _____

4. Equipment required_____

5. Precautions, adverse reactions, detailed instructions, or criteria to contact physician: _____

_____

6. The student can perform the procedure with the assistance of a trained adult. O Yes O No

Physician's Signature_____Date_____

Physician's Name (Print)_____ Phone_____

PARENT/GUARDIAN'S AUTHORIZATION (Required)

I give permission for the above-named procedure to be performed at school by the school nurse or trained personnel. I consent to communication between the school nurse and health care provider or clinic to discuss the procedure if clarification is required. I understand that necessary equipment or supplies must be provided and maintained by me and delivered to the school as needed. I agree that the Lawrence County School System shall incur no liability and be held harmless against any claims of injury related to the performance of prescribed procedure. I will notify the school nurse if my child's health status or procedure changes.

Parent/Guardian's Signature_____ Date_____

Parent/Guardian's Name (Print)_____ Phone_____

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