

ORDER & CONSENT FOR MEDICAL PROCEDURES TO BE ADMINISTERED AT SCHOOL



Dedicated to Excellence
Cherry Creek Schools

All medical procedures to be administered at school require an “*Order & Consent for Medical Procedures*” form to be signed by the student’s prescribing healthcare provider with prescriptive authority and parent/guardian. These procedures can include, but are not limited to; urine catheterization, oxygen administration, tracheostomy suctioning and stoma access.

TO BE COMPLETED BY THE PRESCRIBING PROVIDER WITH PRESCRIPTIVE AUTHORITY

STUDENT’S NAME (PLEASE PRINT) _____ Date of Birth _____

Student’s diagnosis/ physical condition for which the procedure is to be performed:
Procedure:
Procedure Details:
Time schedule and/or indication for the procedure:
Special Instructions:
Precautions, possible untoward reactions the provider wishes to be notified of:

SIGNATURE OF HEALTH CARE PROVIDER & PRINTED NAME _____ DATE SIGNED-ORDER EXPIRES IN 12 MONTHS _____

LICENSE NUMBER _____ PHONE _____ FAX NUMBER _____

By signing this document, I (parent/guardian of the above identified student) give permission for the school nurse or identified school staff designee, as appropriate and in consideration of the student’s specific needs, to administer this procedure as prescribed and give my permission for this healthcare provider to share information about this procedure with the school nurse or identified school staff designee.

I agree to provide the needed supplies for the procedure and understand that a new form must be completed annually or with any changes to the medical procedure.

PARENT/GUARDIAN SIGNATURE & PRINTED NAME _____ PHONE _____ DATE _____
Permission expires in 12 months