

This order is valid only for the (current) school year _____, including the summer session.

To Parent/Guardian: To request treatment at school please note:

- This form must be completed and signed by you and your child's healthcare provider.
- Complete one form per treatment. A new form is needed for any change in treatment/procedure orders, including time of day the treatment is given.
- The healthcare provider is asked to provide a detailed description of the treatment/procedure, including medication required.
- It is the responsibility of the parent/guardian to provide all treatment/procedure related equipment and supplies.
- Treatments will be performed according to standard nursing practice.

Healthcare Provider's Order for Skilled Treatment/Procedure in School

Student Name: _____ Birth Date: _____ Grade: _____ School #: _____

Condition/Indication for this Treatment/Procedure: _____

Name of Treatment: _____

Equipment to be Used with Treatment/Procedure:

Description of Treatment/Procedure to be Administered:

Medication(s): _____ Strength: _____

Dose: _____ Route: _____ Time(s) in School: _____

Treatment shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Healthcare Provider's Name (please print): _____ Date _____

Healthcare Provider's Signature: _____ Office#: _____

Address: _____ Fax #: _____

PARENT/GUARDIAN AUTHORIZATION

I understand that designated school health staff will administer the treatment/procedure as prescribed by the above healthcare provider. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication/treatment equipment, otherwise it will be discarded. I acknowledge that the school nurse can communicate with the healthcare provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Parent Phone #: _____ Emergency Phone #: _____

Date received in health suite: _____ by: _____

Reviewed by School Nurse (Print): _____ Signature: _____ Date: _____

Order Review (Print) _____ Date _____ Order Review (Print) _____ Date _____

Order Review (Print) _____ Date _____ Order Review (Print) _____ Date _____