

COUNCIL ROCK SCHOOL DISTRICT
Bucks County, Pennsylvania

Authorization for Specific Medical Procedure to be Done by the School Nurse

The Council Rock School District requires a physician's written order and parent/guardian authorization for a specific medical procedure to be done in school.

PHYSICIAN'S ORDER

Name of Child _____ Date _____

Address _____ Date of Birth _____

Condition for which specific medical procedure is to be done: _____

Name of specific medical procedure: _____

Time(s) of administration _____

Precautions, possible untoward reaction, interventions: _____

If specific medical procedure is a tube feeding, please indicate type of formula and amount to be given at each feeding: _____

Length of time Specific Medical Procedure is to be done as above: _____

From _____ To _____
Date Date Physician's Signature

Address and Telephone Number

Authorization of Parent/Guardian for the Specific Medical Procedure by the School Nurse

To _____ Date _____
Name of Program

I hereby request that the school nurse provide my child _____ the specific medical procedure as ordered above by his/her physician and will not hold the school district or its personnel responsible for the complications related to this procedure.

Parent of Guardian Signature

4 (5/09) Telephone No. _____ home Telephone No. _____ work emergency

