

MONROE COUNTY COMMUNITY SCHOOL CORPORATION
1965 S. Walnut St.
Bloomington, IN 47401
Phone: 812-330-7833 Fax: 812-330-2475

AUTHORIZATION FOR HEALTH PROCEDURE/TREATMENT

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each section must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian, Part II by Physician. Please return the completed form to the school health room/office.

Student's Name (Last, First, Middle)	Birth Date	Grade/Homeroom Teacher
Parent/Guardian	Address	
Phone	Work Phone	Other Phone (cellular phone, beeper, etc.)

II. TREATMENT PLAN (To Be Completed By Prescribing Physician).

This request is to be effective for the school year 20____-20____ or Earlier Stop Date: _____

Diagnosis: _____ Procedure/Treatment: _____

Time schedule for Procedure/Treatment: _____

Student specific instructions for Procedure/Treatment: _____

Student specific Precautions, Possible Complications, and Recommended Intervention(s):

Print Physician's Name	Physician's Address	Phone
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Physician's Signature:	Date:
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III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian).

I hereby request the school's personnel, or its agents to provide the above prescribed procedure or treatment. I give permission for my child to receive this procedure/treatment while in school or while participating in school activities away from the school site. I understand that there is no liability on the part of the school district, its personnel, or its agents, including Monroe County Community School Corporation personnel, for civil damages as a result of the administration of the procedure/treatment to my child when the person performing the procedure/treatment acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Monroe County Community School Corporation.

Parent/Guardian Signature: _____ Date: _____

Monroe County Community School Corporation Guidelines for Performing Health Procedure/Treatment

The performance of health procedures/treatments is the responsibility of the parent/guardian unless it is absolutely essential to the well being of the student to receive the health procedure/treatment during the school day. The following guidelines must be observed when performing a health procedure/treatment in the school setting:

1. An Authorization for Health Procedure/Treatment form must be completed and signed by the physician, and parent/guardian.
2. A separate authorization form must be filled out for **EACH** procedure/treatment to be provided.
3. Authorization forms are valid for one school year, or earlier stop date.
4. Changes in procedure/treatment require a new authorization form completed and signed by the physician and parent/guardian.
5. According to Indiana Statute IC 34-30-14-2, a registered nurse or specifically designated and trained personnel of the school district or the health department will perform procedures.
6. All equipment, maintenance or repair, and supplies necessary to perform the procedure/treatment must be provided by parent/guardian.
7. Parent/guardian is responsible for cleaning/maintaining required supplies that are necessary to perform procedure/treatment.
8. A responsible adult must deliver and pick-up any equipment and/or supplies in the school clinic.
9. Communicate any procedure/treatment changes directly to clinic staff, including discontinued procedure/treatment.
10. When procedure/treatment is discontinued or school year ends, pick-up all supplies within one week. Unclaimed supplies will be destroyed.

PERSONNEL TRAINED IN INDIVIDUAL STUDENT'S CARE (To Be Completed By School Nurse)

Health Procedure/Treatment: _____

Trained Provider's Name	Verbalizes understanding of procedure	Identifies complications and appropriate action steps	Performs per guidelines	Comments	School Nurse's Signature/Date