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| hssd logo.jpg | **Howard-Suamico School District**  Authorization to Administer  **A MEDICAL PROCEDURE**  (Use a separate authorization form for each PROCEDURE) |

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| Student: |  | DOB: |  |
| School: |  | Grade: |  |

**FOR COMPLETION BY PHYSICIAN**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for Procedure: | | |  | | | | | | | |
| Name of Procedure: | | |  | | | | | | | |
| Start date of procedure: | | |  | | | | Stop date of procedure: | | |  |
| Administration: |  | | Daily/Scheduled. Time: | | | |  | | | |
|  |  | | As needed: Indication for use: | | | |  | | | |
| If needed, how soon can procedure be repeated? | | | | | |  | | | | |
| Procedure cannot be repeated more then: | | | | |  | | | | | |
| Contraindications to procedure: | | | |  | | | | | | |
|  | |  | | | | | | | | |
| Physician’s Name: | |  | | | | | | | | |
| Telephone Number: | |  | | | | | | Fax Number: |  | |
| I am a licensed healthcare professional and have prescribed the above procedure to named student.  NOTE: Your signature attests to your willingness and intent to direct supervise, decide, inspect and oversee the administration of the medical procedure by the non-medically trained designees and that you will accept direct communication from them regarding the procedure. We ask that all instruction be stated in language of the lay person. | | | | | | | | | | |

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| Physician Signature: |  | Date: |
| *Fax completed signed form to 920-662-7900 – Pupil Services* |  |  |

**FOR COMPLETION BY PARENT/GUARDIAN**

1. I will deliver the medical supplies to school.
2. I will notify the school immediately if there is any change in the procedure.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

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| Phone #1: |  | | Phone #2: |  | |
| Parent/Guardian Name (print) | |  | | | |
|  | | | |  |  | |
|  | | | |  |  | |
| Parent/Guardian Signature: | | | |  | Date: | |
| *Parent: Return completed signed form to school office* | | | |  |  | |