

**Williamson County Schools
Procedure Authorization Form**

A physician's order and parent/guardian authorization are required to perform health care procedures in the school setting. A separate form is required for each procedure. A new authorization form is required each school year. Procedures that require authorization include, but are not limited to, catheterization, gastric tube feeding, suctioning, tracheostomy care, or ostomy care.

Student Name _____ Date of Birth _____

School _____ Grade _____ School Year _____

PHYSICIAN'S ORDER – must be completed by a licensed physician

The above-named student is under my medical care and requires this procedure at school.

1. Health Condition for which procedure is required _____

2. Procedure/Treatment _____

Tube Feeding only: Type of formula _____ Amount _____

3. Time or frequency _____

4. Equipment required _____

5. Precautions, adverse reactions, detailed instructions, or criteria to contact physician:

6. The student can perform the procedure with the assistance of a trained adult. Yes No

Physician's Signature _____ Date _____

Physician's Name (Print) _____ Phone _____

PARENT/GUARDIAN'S AUTHORIZATION (Required)

I give permission for the above-named procedure to be performed at school by the school nurse or trained personnel. I consent to communication between the school nurse and health care provider or clinic to discuss the procedure if clarification is required. I understand that necessary equipment or supplies must be provided and maintained by me and delivered to the school as needed. I agree that the Williamson County Board of Education shall incur no liability and be held harmless against any claims of injury related to the performance of prescribed procedure. I will notify the school nurse if my child's health status or procedure changes.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name (Print) _____ Phone _____