

PERMISSION FOR NURSING PROCEDURES



Dedicated to Excellence
Cherry Creek Schools

All medical procedures performed during child's day at school require a **"Permission for Nursing Procedure"** form to be signed by attending physician and parent/guardian; ie: tube feeding, glucose testing, medical treatments. Etc.

STUDENT'S NAME (PLEASE PRINT)

GRADE

Procedure requested by parent/student during school hours: _____

TO BE COMPLETED BY THE PHYSICIAN

Student's Diagnosis:
Physical condition for which the procedure is to be performed:
Medical orders for procedure(s):
Time schedule and/or indication for the procedure:
The procedure is to be continued as above until (date):
Precautions, possible untoward reactions the physician wishes to be notified of:

The school nurse is required by Colorado State Law to have this form signed by the parents and the physician of a student before nursing procedures can be provided at school. This information will also be used to develop an IHP (Individual Health Plan) for this student.

SIGNATURE OF HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY

LICENSE NUMBER

PRINT NAME OF HEALTH CARE PROVIDER

PHONE

FAX NUMBER

I authorize this procedure to be performed by the school nurse or the nurse's delegatee as directed above. I agree to provide the needed supplies for the procedure and understand that new forms must be completed annually or with any changes in the student's health status. By signing this document, I give permission for the nurse or nurse designee to administer this procedure as prescribed and give my permission for this Health Care Provider to share information about this procedure with the Registered Nurse or nurse designee. The undersigned parent(s) or guardian(s) hereby agree(s) to exempt and release the Cherry Creek School District and its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain or which they now have or may hereafter have arising out of the administration of this procedure.

By signing this document, I give permission for my child's health care provider to share information about the procedure with the nurse or school staff delegated to administer the procedure.

PARENT/GUARDIAN SIGNATURE

PHONE

DATE