



**AUTHORIZATION FOR HEALTH CARE PROCEDURES
(DOCTOR AND/OR HEALTH CARE PRACTITIONER)**

I hereby agree and give permission for this child, _____, to receive the following health care procedures at school. Such procedures are to be carried out in accordance with Division policy and regulations. I further agree to keep the Division apprised of any changes in the medication to be administered and/or the procedure to be performed.

Health Care Procedures:

Frequency and method of performing the health care procedures:

Risk considerations if any:

Level of training required before the school employee can carry out the health care procedures:

Date

Signature of Physician and/or Health Care Practitioner

Telephone

Address

| | | |
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| Adopted September 1, 2009 | | |
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