AIKEN COUNTY
PUBLIC SCHOOLS

School Health Services
Authorization for Medical Procedures

Medical procedures require receipt of the completed Authorization for Medical Procedures and necessary equipment for the procedure. By signing this form, the parent/guardian and health care provider acknowledge that information from this form may be included in the student's Individual Health Care Plan (IHP), if applicable. If all of the treatment plan or medical orders will be followed by the school as written and the IHP is consistent with the treatment plan or medical orders, the signature of the Health Care Provider and the student's parent/guardian on the IHP will not be required. The IHP will be shared with other school staff who have a legitimate need for knowledge of the information. I understand that I will receive a copy of my child's IHP if one is developed.

Student's Name_____ Date of Birth_____

Primary diagnosis that requires this procedure:_____

ICD-10 Diagnosis Code: _____

Physician's specific instructions for this procedure: (may attach medical order)_____

_____

_____

_____

Time schedule and/or indications for the procedure:_____

Date to start the procedure_____ Date to end the procedure_____

Physician name (print): _____Phone:_____

Physician Signature: _____Date: _____

I understand that I must provide all equipment and supplies needed for my child. I also understand that the Registered Nurse may train school district personnel to perform the above procedure. I will not hold the school, school district or school personnel liable for any reaction/complication when the procedure is administered as ordered by the physician. I will notify the school immediately if the health status of my child changes, if we change physicians, or if the procedures are changed or cancelled. I give my permission for the exchange of confidential information regarding the above procedure between the physician and the school.

Parent/Legal Guardian (Print): _____Date: _____

Parent/Legal Guardian Signature: _____Phone: _____