



CHILD/STUDENT SPECIALIZED HEALTHCARE PROCEDURE MANAGEMENT

PART A - PROCEDURE INSTRUCTIONS FORM

PHYSICIAN/LICENSED PRESCRIBER INSTRUCTIONS TO PARENT/GUARDIAN

Name of Child/Student _____ Birthdate _____

School Child/Student Attends _____ Grade _____

Child/Student's Condition/Diagnosis _____

For this condition/diagnosis, I have prescribed the following specialized healthcare procedure(s): _____

Precautions and/or possible adverse reactions _____

Time schedule/indication for this/these specialized healthcare procedure(s) _____

The specialized healthcare procedure(s) is to be continued until _____.
This Specialized Healthcare Procedure Management Form is valid only for the current school year and the summer immediately following.

Additional directions/instructions _____

NOTE: PLEASE CALL ME AT ANY TIME FOR QUESTIONS THAT YOU HAVE CONCERNING YOUR CHILD'S CONDITION/DIAGNOSIS, THE SPECIALIZED HEALTHCARE PROCEDURE(S) PRESCRIBED OR REACTIONS TO THE PROCEDURE(S). IF YOUR CHILD WILL BE RECEIVING THE SPECIALIZED HEALTHCARE PROCEDURE(S) DURING THE DAY AT SCHOOL, THE DESIGNATED SCHOOL PERSONNEL CAN CALL ME AT ANY TIME WITH QUESTIONS OR CONCERNS RELATED TO THE STUDENT'S CONDITION/DIAGNOSIS OR THE SPECIALIZED HEALTHCARE PROCEDURE(S).

I WILL HAVE TO COMPLETE A NEW SPECIALIZED HEALTHCARE PROCEDURE MANAGEMENT FORM (PART A - PROCEDURE INSTRUCTIONS) WHEN THERE ARE CHANGES IN THE PROCEDURE(S) FOR THIS CHILD/STUDENT.

Physician/Licensed Prescriber Signature _____ Date _____

Physician/Licensed Prescriber Printed Name _____

Physician/Licensed Prescriber Address _____

Phone No. _____ Fax No. _____

CHILD/STUDENT SPECIALIZED HEALTHCARE PROCEDURE MANAGEMENT



PART B – PROCEDURE CONSENT FORM

PARENT/GUARDIAN CONSENT

Name of Child/Student _____ Birthdate _____

School Child/Student Attends _____ Grade _____

Child/Student's Condition/Diagnosis _____

I agree to:

- Follow the instructions of my Child's physician/practitioner ("licensed prescriber") and grant permission for unlicensed assistive school personnel to perform the specialized procedure(s) on my Child according to the instructions written by the licensed prescriber in the "Child/Student Specialized Healthcare Procedure Management: Part A - Procedure Instructions" (ATTACHED PART A FORM) and grant permission for school personnel to communicate with my child's licensed prescriber whenever necessary.
- Give consent for the free exchange of any necessary information between the licensed prescriber and school personnel.
- Hold the Eau Claire Area School District, its employees and agents who are acting within the scope of their duties, and the licensed prescriber and its employees harmless in any and all claims arising from the performance of or exchange of information regarding the specialized procedure(s) noted on the attached Part A Form at school or at school-related events.
- Notify the school in writing at the termination of this request or when there is ANY change in the licensed prescriber specialized procedure instructions. I understand that the licensed prescriber specialized procedure instructions and my consent are in force only for the current school year and summer immediately following.

I agree and accept my responsibilities regarding school performance of my Child's specialized procedure, that is, to:

1. Notify the school of my Child's needs.
2. Complete this "Specialized Procedure Consent Form" (Part B of Child/Student Specialized Healthcare Procedure Management), which grants the school permission to administer specialized procedure(s) to my Child according to the written instructions of the physician/licensed prescriber and to communicate directly with the physician/licensed prescriber. This "Specialized Healthcare Procedure Consent Form" is valid only for the current school year and the summer immediately following.
3. Deliver the licensed prescriber written instructions (Part A), this parental authorization (Part B), and the supplies and equipment needed to perform the specialized procedure(s) to the school.
4. Make sure that the supplies and/or equipment for each prescribed specialized procedure is in its original pharmacy container with the original pharmacy label that has on it the student's name, instructions for use, and the licensed prescriber's name.
5. Obtain additional written instructions from the licensed prescriber and deliver them to the school each time there is a change in the specialized procedure(s) or time the procedure(s) is/are to be performed.
6. Assume full responsibility for the safe delivery of supplies/equipment to appropriate school personnel.
7. Notify the school, in writing, if the specialized procedure is discontinued during the school year.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____ Phone _____

Parent/Guardian Address _____ Fax No. _____