



Cabarrus Charter Academy

Authorization for Medical Procedure/Treatment

Name _____ DOB _____

Teacher _____ Grade _____

Part 1: Parent/Guardian Consent Form

Parent/Guardian: Please complete and sign.

I request and authorize the School Nurse or trained technician to perform

(Specific Medical Treatment/Procedure)

On my child _____ as prescribed by the physician below. I have read the information on the reverse side of this form and agree to assume responsibilities as required

Parent/Guardian signature _____

Parent/Guardian Printed Name _____

Date: _____

Part 2: Physician's Specific Medical Treatment/Procedure Authorization Order

Physician: Please complete and sign this action

Patient Name _____ DOB _____

Diagnosis _____

Specific Treatment/Procedure _____

To begin on date _____ To end on date _____

Reason for procedure/treatment _____

Instructions _____

Precautions _____

Possible Adverse Reactions _____

Physician's Signature _____ Print _____

Address _____ Phone _____



Authorization for Specific Medical Procedure/Treatment

Dear Parent/Guardian and Physician:

Students in need of specific medical procedures/treatments during school hours must meet the following requirements:

1. Parents/guardians must present to the principal and school nurse a signed consent and physician's written authorization for the procedure/treatment. The physician's authorization and parent's consent will be maintained in the Student Health Record.
2. The parent/guardian's signed consent and physician's authorization must be in place before the student receives the specific medical procedure/treatment.
3. The physician's authorization must include: the student's name, date of birth, diagnosis, name of procedure/treatment, reason for and any precautions or possible adverse reactions to the procedure/treatment that authorized personnel may expect.
4. The parent/guardian must meet at school with the school nurse and other authorized personnel to initiate the specific medical procedure/treatment.
5. Supplies to provide a specific medical procedure/treatment must be provided by the parent/guardian. All equipment and supplies that are required must remain in the school if possible.
6. Physician authorization for specific medical procedures/treatments must be renewed at the beginning of each school year if the student continues to need the procedure/treatment.
7. If any adjustments (i.e., technique, frequency, medications) are made, a new Authorization for Medical Procedure/Treatment form with physician and parental consent are required.
8. All equipment and supplies kept in the school will be store in a secured area accessible only to authorized administering personnel. Such storage will be at the risk of the parent/guardian. Cabarrus Charter Academy assumes no responsibility for the possible loss of or damage to equipment and supplies.
9. One week after expiration of the physician's order, the equipment and unused portions of the supplies must be collected by the parent/guardian, or they will be discarded.
10. Cabarrus Charter Academy personnel assume no responsibility for non-medically prescribed procedures/treatments or those self-administered by the student.