

PHYSICIAN'S AUTHORIZATION FOR MEDICAL PROCEDURE

Student ID Number _____

Student Name _____ Birthdate _____ School _____ Grade _____

Home Address _____ City _____

Physical condition and ICD10 for which the standardized procedure is to be performed. _____

Name of standardized procedure _____

Check one:

_____ I reviewed and approved the attached standardized procedure as written.

_____ I reviewed and approved the attached standardized procedure with the attached modifications.

_____ I do not approve of the school's standardized procedure and have attached my alternate written recommendation.

Precautions, possible reactions and interventions _____

Time schedule and/or indication for the procedure _____

The procedure is to be continued as above until (date) _____

Physician's signature _____ Date _____

Address _____ Phone _____

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PARENT'S REQUEST FOR MEDICAL PROCEDURE

Student Name _____ Birthdate _____ School _____ Grade _____

We (I) the undersigned, the parent/guardian of the above named student request that the following medical procedure be administered to our student. _____

We (I) understand that:

- 1. A qualified designated person(s) will be performing the above mentioned health care service.
- 2. The designated person(s) will be using a standardized procedure that has been approved by our physician.
- 3. If possible, the specialized physical health care service will be provided before or after school hours in the home.
- 4. The school needs to be notified immediately if the health status of our student changes or a change of physicians is made.

Our (my) student's physician is:

Name _____

Address _____ Phone _____

I give my medical provider and Anoka Hennepin permission to release and obtain information from each other as necessary to administer medical procedures. This authorization takes effect the day that I sign it. It expires one year from the date of my signature. I understand that I may change this authorization at any time.

Parent/Guardian Signature _____ Date _____

Home Address _____ City _____

Home Phone _____ Work Phone _____