

PLAINVILLE COMMUNITY SCHOOLS

Plainville, CT 06062

AUTHORIZATION FOR PROCEDURES TO BE DONE BY NURSE IN SCHOOL

The Plainville Board of Education requires a written order of a physician or dentist and the written authorization of a parent or guardian of such child for a nurse to perform invasive procedures during school hours.

Physician's or Dentist's order:

Name of Child _____ D.O.B. _____

Address _____ Date _____

Conditions for which the procedure is done during school hours: _____

Procedure: _____

Shall be done from _____ to _____
(date) (date)

Relevant side effects, to be observed, if any _____

If there are side effects, plan for management _____

Physician/Dentist Signature _____ Date _____

Address _____ Phone _____

Physician/Dentist Printed Name _____

AUTHORIZATION OF A PARENT OR GUARDIAN FOR ABOVE PROCEDURE

To: _____ School _____ Date _____

I hereby request the above procedure ordered by the authorized prescriber for my child _____.

Signature _____ Date _____ Relationship to Child _____

Address _____ Phone _____

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I give permission for release and exchange of information on this form between the school nurse and authorized prescriber for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian/Eligible Student:

Date: _____ Phone: _____