Parent Consent and Authorized Healthcare Provider Authorization for Management of Clean Intermittent Catheterization at School and School-sponsored Events

Pupil:	DOB:	Date:
School:	Teacher/Rm:	Grade:
Medical office:	Patient Identification #:	

1. Frequency of catheterization in school:

_____

☐ Clean procedure

☐ Modified sterile procedure (sterile catheterization supplies)

2. Type of catheter: _____

Catheter size: _____

☐ Single use

☐ Clean catheter & reuse; duration of use: _____

3. Lubricant: ☐ Self-lubricating catheter

☐ Water-soluble lubricant: _____

4. Perineal cleansing product:

☐ Unscented wet wipes: _____

☐ Cotton balls & soap: _____

☐ Other: _____

5. Cleaning technique—used catheter:

☐ Rinse with water only

☐ Wash with soap and water; rinse.

☐ Other: _____

6. Measure urinary output: ☐ **Yes** ☐ **No**

7. Latex Allergy: ☐ **Yes** ☐ **No**

8. Amount of water intake during school day:

_____

9. Medication required at school: ☐ **No** ☐ **Yes**

Medication: _____

Dose/Route: _____ Schedule: _____

☐ Medication Administration form attached.

Additional medical orders:

Authorized Healthcare Provider Authorization for Management of Catheterization In School Setting

My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

***Authorized Healthcare Provider Name** _____ **Signature** _____

Date _____ **Phone** _____ **Address** _____ **City** _____ **Zip** _____

***Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** _____

Supervising Physician Name _____ **Address** _____ **Phone** _____

☐ I request that the school nurse provide me with a copy of the completed Individualized Healthcare Plan (IHP).

Parent Consent for Authorization and Management of Catheterization in School Setting

I (we) the undersigned, the parent(s)/guardian(s) of the above named pupil, request that the specialized physical healthcare service, clean intermittent catheterization, be administered to my (our) child in accordance with state laws and regulations. I (we) will:

1. provide the necessary supplies and equipment;
2. notify the school nurse if there is a change in child's health status or attending authorized healthcare provider; and
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary.

I (we) understand that I (we) will be provided a copy of my child's completed Individualized Healthcare Plan (IHP).

Parent(s)/Guardian(s) Signature _____ **Date** _____

_____ Date _____

Reviewed by school nurse (signature) _____ **Date** _____

☐ **School nurse has informed principal about healthcare services provided for this pupil.**