



**AUTHORIZATION FOR HEALTH CARE PROCEDURES  
(DOCTOR AND/OR HEALTH CARE PRACTITIONER)**

I hereby agree and give permission for this child, \_\_\_\_\_, to receive the following health care procedures at school. Such procedures are to be carried out in accordance with Division policy and regulations. I further agree to keep the Division apprised of any changes in the medication to be administered and/or the procedure to be performed.

Health Care Procedures:

---

---

---

Frequency and method of performing the health care procedures:

---

---

---

Risk considerations if any:

---

---

---

Level of training required before the school employee can carry out the health care procedures:

---

---

---

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Physician and/or Health Care Practitioner

\_\_\_\_\_ Telephone

\_\_\_\_\_ Address

Adopted September 1, 2009		
---------------------------	--	--