

STATE OF LOUISIANA

PHYSICIAN'S AUTHORIZATION FOR SPECIAL HEALTH CARE

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND PHYSICIAN

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed.							
Student Name:	Last	First	M.I.	Sex	DOB:	Grade:	School Year:
				<input type="checkbox"/> M <input type="checkbox"/> F			
I hereby request that the treatment specified below be performed on my child.							
_____			_____			_____	
Parent or Legal Guardian Name (print)			Parent/Legal Guardian's Signature			Date	
PART 2: PHYSICIAN TO COMPLETE.							
<input type="checkbox"/> PHYSICAL CONDITION FOR WHICH THE STANDARDIZED PROCEDURE IS TO BE PERFORMED							
_____ _____ _____							
<input type="checkbox"/> NAME OF STANDARDIZED PROCEDURE							
<input type="checkbox"/> catheterization		<input type="checkbox"/> oxygen		<input type="checkbox"/> gastrostomy care			
<input type="checkbox"/> tracheostomy care		<input type="checkbox"/> suctioning		<input type="checkbox"/> Other _____			
<input type="checkbox"/> blood glucose monitoring							
Check one:							
<input type="checkbox"/> I reviewed and approved the attached standardized procedure as written.							
<input type="checkbox"/> I reviewed and approved the attached standardized procedure with the attached modifications.							
<input type="checkbox"/> I do not approve of the school's standardized procedure and therefore, have attached my alternate written recommendations.							
<input type="checkbox"/> PRECAUTIONS, POSSIBLE UNTOWARD REACTIONS, AND INTERVENTIONS							
_____ _____ _____							
<input type="checkbox"/> TIME SCHEDULE AND/OR INDICATION FOR THE PROCEDURE							
_____ _____ _____							
<input type="checkbox"/> THE PROCEDURE IS TO BE CONTINUED AS ABOVE UNTIL:							

(Date)							
PHYSICIAN SIGNATURE							
_____			_____			_____	
Physician Name (print)			Physician's Signature			Date	
_____			_____			_____	
Address			Telephone			Fax	

RETURN COMPLETED FORM TO SCHOOL NURSE/HEALTH OFFICE AS SOON AS POSSIBLE