

**NORTHWEST R-I SCHOOL DISTRICT
PARENT AUTHORIZATION FOR PROCEDURE**

PROCEDURE: _____

STUDENT NAME: _____ Date of Birth: _____

Parent/Guardian Name (print): _____

Phone numbers Home: _____ Work: _____ ext. _____ Cell: _____

Other person(s) to be notified in case of an emergency:

Name: _____ Telephone #: _____ Alt # _____

My son/daughter has the following food or drug allergies: _____

I am requesting the school nurse or designated school personnel to administer PROCEDURE to my child as prescribed

By:

Name of Licensed Prescriber (signature NOT required) Telephone #

I give permission to the school nurse to share information relevant to the prescribed PROCEDURE as the nurse determines appropriate for my son/daughter's health and safety.

I understand that the nurse may be required to communicate with the appropriate physician in accordance with the requirements of the Nurse Practice Act.

I understand I may cancel this request at any time, and /or retrieve supplies from school. I WILL notify the nurse immediately of any changes to my child's health or changes to the above listed procedure.

I understand I will supply the school with necessary supplies and physician orders and contact information.

I understand that when my child participates in a field trip away from his/her school I will NOTIFY the school nurse ONE week in advance in order that accommodations can be planned so that my child can participate in the field trip or off campus activity.

Parent/Guardian Signature Date

PROCEDURE: _____

Time/Day(s) Procedure needs to be done: _____

Start Date: _____ End Date: _____

SUPPLIES: _____

☐ **ATTACH PHYSICIAN ORDER**

☐ **See Individual Health Plan**