



## The District School Board of Collier County Authorization for Nursing Care/Treatment

*This form provides professional and parental authorization for medical treatment to be provided during school hours. Both the prescribing physician or health care provider and the parent/legal guardian are required to complete the respective sections of this document entirely before the services can be provided.*

Student's Name	Sex	Date of Birth	Student #
School	Fax Number		

### Physician's Order for Nursing Care/Treatment

**Note:** Physician's orders are required for all medical procedures administered at school. Please have your child's physician complete this portion of the form and return it to the school or have them fax it to the school nurse.

<b>The following section is to be completed by the prescribing physician or health care provider:</b>					
Diagnosis for which nursing care/treatment will be required in school:					
Type of nursing care/treatments required in school (please describe any procedures or treatments thoroughly):					
Time and frequency of care during school hours:			Duration of care (how long do you anticipate the student will require the nursing care):		
Comments about the care:					
The student named in this document is under my medical supervision for the diagnosis described above. I have prescribed the care/treatment that is necessary to be given during school hours for the child's health or safety. I am also aware that prescribed care or treatments may be administered by trained non-medical personnel.					
Physician's Name (Print):		Phone Number:		Fax Number:	
Physician's Signature:				Date:	
<input type="checkbox"/> Verbal Order Obtained (state reason for verbal order)		Time:		Date:	
School Nurse's Signature:				Date:	

### Parent/Legal Guardian Permission

<b>The following section is to be completed by the parent/legal guardian:</b>					
I hereby grant permission to the principal or his/her designee of _____ school to assist in the administration of the above prescribed care/treatment to my child while in school and away from school while participating in official school activities (F.S. 1006.062). <b>It is my responsibility to notify the school if and when these orders change.</b> I understand that the law provides there shall be no liability for civil damages as a result of the administration of such care/treatment where the person administering such care/treatment acts as an ordinarily prudent person would under the same circumstances.					
<ol style="list-style-type: none"> <li>1. I hereby give permission for my child's doctor or other authorized health care practitioner to be contacted for information regarding my child's illness, health or medical condition that may require nursing care or treatment during the school day or while participating in school related activities.</li> <li>2. I hereby authorize the school nurse or their appropriately skilled and trained designee to perform any nursing care or treatments that may be prescribed by my child's physician or authorized health care provider for the school day or while my child is participating in school related activities.</li> <li>3. I understand that I am responsible for providing the equipment, supplies and/or prescribed medications to the school that are required to perform these services for my child during the school day or while away from the school on school related activities.</li> <li>4. I hereby agree to provide the equipment, supplies and/or prescribed medications for my child either on a daily basis or other schedule as prearranged with school staff members.</li> <li>5. I understand that all medications, treatments, materials and supplies not picked up the last day of school will be properly disposed.</li> </ol>					
Parents may provide special instructions below or make recommendations for provision of care/treatment following written physician's orders:					
My child has: <input type="checkbox"/> No allergies, <input type="checkbox"/> The following allergies: _____					
Parent/Guardian Name:					Relationship:
Home Phone:		Business Phone:		Emergency Phone:	
Parent/Guardian Signature:					Date:

**The District School Board of Collier County  
Exceptional Student Education  
Authorization for Nursing Care/Treatment**

Dear Parent/Legal Guardian:

If your child requires nursing care or treatments to be given during the school day, State Regulations and School Board Guidelines require that you and your doctor provide written permission for provision of these services.

- The nursing care/treatment authorization on the reverse side of this document must be completed entirely for the services to be provided to your child in school or while participating in school related activities. The form must be signed both by a parent/legal guardian and the treating/prescribing doctor as indicated. Staff will not be able to provide nursing services or treatments to you child without this written consent.

Thank you for assisting us to provide safe nursing care and treatments for you child during the school day and while at school related activities.

**Please see reverse side of this document for Nursing Care/Treatment Authorization**