ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION FOR CLEAN INTERMITTENT CATHETERIZATION

			School Y	ear:	
STUDENT INFORMATION					
Student's Name School:					
Structit s Ivanic Scriooi.					
Date of Birth:/	A	ge: Grade _	Teacher		
☐ Known drug allergies If drug allergies, please list: Weight: pounds					
PRESCRIBER AUTHORIZATION					
(To be completed by licensed healthcare provider.)					
START DATE: STOP DATE:					
START DATE:			STOT DATE.		
Size of Catheter	Frequency/Time(s)	Measure & Record	Location for	r Procedure:	
Fr.		Output?	☐ Nurse's office bathroon	☐ Other: (Describe)	
		□ Yes □ No	☐ Classroom bathroom		
Storage: Catheter will be discarded after each use, unless other instructions provided.					
Self care is permitted and recommended for this student? Yes \square No \square					
• If' no'', procedure is to be completed: \square By School Nurse \square With Assistance from School Nurse \square Supervised by School Nurse					
			echnique for self-care related	to his/her clean	
intermittent catheterization procedure.					
(Initials)					
Potential Contradictions/Adverse Reactions					
Printed Name of Licensed Healthcare Provider					
Signature of Licensed H	ealthcare Provider	Date	Phone	Fax	
	Ī	DADENT AUTHODIZA	TION		
PARENT AUTHORIZATION I understand that additional parent/prescriber signed statements will be necessary if the procedure is changed. I also authorize the					
School Nurse to talk with the licensed healthcare provider should a question come up about the procedure.					
Procedure equipment or supplies must be registered with the school nurse or his/her designee.					
Signature of Parent		Date	Phone	Cell	
	(IT	TE CADE ATMICET	ZATION		
SELF-CARE AUTHORIZATION (To be completed only if student is supported to complete self-care by licensed healthcare provider.)					
(To be completed only if student is authorized to complete self-care by licensed healthcare provider.)					
I authorize and recommend self-care by my child for the above procedure. I also affirm that he/she has been instructed in the proper self-care of the					
prescribed procedure by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of					
education against any claims that may arise relating to my child's self-care of prescribed procedure(s).					
Signature of Parent		Date	Phone	Cell	
Dignature of Larent		Date	I HOHE	CCII	