

**Authorization for Procedure(s)**

**For Mora Public Schools**

**320-679-6232**

Please fill out all areas if you wish to have procedure(s) completed for your child during school hours by school staff.

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Physician's Order for Administration by School Personnel**

I have prescribed the following procedure(s) for this student and request this be completed during the school hours.

	Procedure	Dose	Time(s)	Diagnosis	Side Effects
1.					
2.					
3.					

(All authorizations expire at the end of the school year or at the end of extended school year summer programs)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinic \_\_\_\_\_ Clinic fax \_\_\_\_\_

Clinic phone \_\_\_\_\_

**Parent / Guardian Authorization of Procedure(s)**

I request that the above procedure(s) be completed during school hours as ordered by this student's physician/licensed prescriber.

I also request that the procedure(s) be completed on field trips, as prescribed.

I release school personnel from liability in the event adverse reactions result from procedure(s).

I will notify the school of any change in the procedure(s)

I give permission for the school nurse or designee to communicate with the student's teachers about the student's health condition(s) and the action of the procedure(s).

I give permission for the procedure(s) to be completed by designated personnel as delegated by the school nurse.

I give permission for the school nurse or designee to consult (in oral or written format) with the above names student's physician/licensed prescriber regarding any questions that arise with regard to the listed procedure(s) or medical condition(s) being treated, as well as ongoing data on medication effects provided to physician/licensed prescriber and parent/guardian via monitoring form.

My son/daughter may self-perform their procedure(s) if appropriate as assessed by the School Nurse.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Date

**NOTE: Supplies need to be in the original packaging.**

Signatures must be completed in order to perform procedure. If this is not followed, school health services will not be able to perform the procedure, which may adversely affect education outcomes or this student's safety.

**RETURN TO: Mora Public Schools, School Nurse**

**OR: Health Office Fax:**

Mora Elementary Health Office  
200 9th St, Mora MN 55051

320-679-6249

Mora High School Health Office  
118 9th St, Mora MN 55051