

McLean County Unit District No. 5

REQUEST FOR

AUTHORIZED SCHOOL PERSONNEL TO PERFORM A MEDICAL PROCEDURE

TO THE LICENSED PRESCRIBER:

When it is necessary for a student to have a medical procedure performed for them during the school day according to the procedure on the reverse side of this order/request, the following information must be provided:

My patient _____ (name of student) is under my care for the management of _____ (name of condition). This condition requires _____ (name of procedure) be performed _____ times a day or every _____ hours (complete one) with a recommended schedule of: _____ (actual times)

DETAILED INSTRUCTIONS: (Please attach additional pages as needed)

I hereby attest that the above-named procedure cannot be performed outside of school hours without risk to the health and safety of the above-named student.

I further agree to provide any additional medical information requested to clarify the necessity of performing the above procedure during school hours in accordance with the release signed in the parent/guardian section below.

I hereby prescribe the above-named procedure to be performed according to the recommended schedule presented herein and performed by district personnel adherent to any state laws regulating the delegation of medical procedures.

Prescriber's Name (print or stamp) _____

Prescriber's Signature _____

Telephone _____ Fax _____ Date _____

PARENT/GUARDIAN:

I request that a certified school nurse or other agent acting in agreement with state laws regulating the delegation of medical procedures perform the medical procedure prescribed above for my child. I agree to provide the school with all necessary supplies and equipment for the performance of the procedure. I also consent to the sharing of relevant medical information between the school and the physician's office. I agree, on behalf of myself, my spouse and my child to indemnify and hold harmless McLean County Unit District No. 5 and its board members, officers, employees and agents from and against any claims, suits or damages in any way relating to the procedure, except for claims based on willful and wanton misconduct.

Parent or Guardian Signature _____

Address _____

Telephone _____ Date _____