ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION FOR CLEAN INTERMITTENT CATHETERIZATION

School Year: _____-_____

STUDENT INFORMATION

Student's Name _____ School: _____

Date of Birth: ____/____/____ Age: _____ 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: _____

Size of Catheter	Frequency/Time(s)	Measure & Record Output?	Location for Procedure:
_____ Fr.		☐ Yes ☐ No	☐ Nurse's office bathroom ☐ Other: (Describe) ☐ Classroom bathroom

Storage: Catheter will be discarded after each use, unless other instructions provided.

_____

Self care is permitted and recommended for this student? **Yes** ☐ **No** ☐

- If" **no"**, procedure is to be completed: ☐ By School Nurse ☐ With Assistance from School Nurse ☐ Supervised by School Nurse
- If" **yes"**, do you recommend equipment, supplies be kept "on person" by the student? Yes ☐ No ☐

I hereby affirm that this student has been instructed in the proper technique 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 Healthcare Provider | **Date** | **Phone** | **Fax**

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**

SELF-CARE AUTHORIZATION

(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**