FARGO PUBLIC SCHOOLS
AF6720-C

AUTHORIZATION FOR ADMINISTRATION OF SPECIALIZED HEALTH CARE PROCEDURES

Students who need specialized health care procedures provided during the school day must have, in writing, a physician's prescription and parental authorization.

Student_____ Date_____

Grade_____ Date of Birth_____ School_____

Diagnosis/Condition for Which Procedure Is Required_____

_____

Treatment Prescription_____

Procedure/Treatment Description_____

_____

_____

Time Schedule Procedure Is To Be Done_____

Precautions &/or Adverse Reactions_____

_____

_____

Interventions for Reactions_____

_____

Continue Procedure Until (Date)_____

Authorization For This Procedure Is Required Annually.

Physician Name (Print)_____ Date_____

Physician Signature_____Phone _____

Address_____

I request the above health procedure and/or medication be given to my child in the manner specified herein. I give permission to school personnel to administer the health procedure and/or medication. I understand that the administration of the health procedure and/or medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this health procedure and/or medication. I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the administration of health procedures and/or medications to the above named student from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above described health procedures and/or medications.

Parent_____ Date_____

Address_____ Phone_____(H)

_____(C)_____ (W)