



ESCAMBIA COUNTY PUBLIC SCHOOLS
Health Services
J. E. Hall Center, 30 E. Texar Dr.
Pensacola, FL 32503
Phone: 469-5456

AUTHORIZATION FOR HEALTH PROCEDURE/TREATMENT

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each section must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian, Part II by Physician. Please return the completed form to the school health room/office.

Student's Name (Last, First, Middle)	Birth Date	Allergies	Grade/Homeroom Teacher
Parent/Guardian	Address		
Phone	Work Phone	other Phone (cellular phone, beeper, etc.)	

II. TREATMENT PLAN (To Be Completed By Prescribing Physician).

This request is to be effective for the school year 20____-20____ or Earlier Stop Date: _____

Diagnosis: _____ Procedure/Treatment: _____

Time schedule for Procedure/Treatment: _____

Student specific instructions for Procedure/Treatment: _____

Student specific Precautions, Possible Complications, and Recommended Intervention(s):

Print Physician's Name	Physician's Address	Phone
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Physician's Signature: _____

Date: _____

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian).

I hereby request the school's personnel, or its agents to provide the above prescribed procedure or treatment. I give permission for my child to receive this procedure/treatment while in school or while participating in school activities away from the school site. I understand that there is no liability on the part of the school district, its personnel, or its agents for civil damages as a result of the administration of the procedure/treatment to my child when the person performing the procedure/treatment acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Escambia County Public Schools or its agents.

Parent/Guardian Signature: _____

Date: _____

The Escambia County Public Schools Health Procedure/Treatment Protocol Parent Information

The performance of health procedures/treatments is the responsibility of the parent/guardian unless it is absolutely essential to the well being of the student to receive the health procedure/treatment during the school day.

The following protocols must be observed when a health procedure/treatment must be performed in the school setting:

- An Authorization for Health Procedure/Treatment form must be completed and signed by the physician, and parent/guardian.
- A separate authorization form must be filled out for **EACH** procedure/treatment to be provided.
- Authorization forms are valid for one school year, or earlier stop date.
- Changes in procedure/treatment require a new authorization form completed and signed by the physician and parent/guardian.
- According to Florida Statute, Section 1006.062, a registered nurse or specifically designated and trained personnel of the school district or its agents perform procedures.
- All equipment, maintenance or repair, and supplies necessary to perform the procedure/treatment must be provided by parent/guardian.
- Parent/guardian is responsible for cleaning/maintaining required equipment and/or supplies that are necessary to perform procedure/treatment.
- A responsible adult must deliver and pick-up any equipment and/or supplies in the school clinic.
- Communicate any procedure/treatment changes directly to clinic staff, including discontinued procedure/treatment.
- When procedure/treatment is discontinued or school year ends, pick-up all supplies by close of the last day of school. Unclaimed supplies will be destroyed.