## ALABAMA STATE DEPARTMENT OF EDUCATION

## SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION FOR <u>CLEAN INTERMITTENT CATHETERIZATION</u>

Student's Name         School:         Grade         Teacher         Chool:         Chool:         Create of Birth:         Weight:       poinds         DEESCRIPER AUTHORIZATION         (To be completed by licensed bealthcare provider.)         START DATE:         STOP DATE:         Stor of Catheter         Precuency/Time(s)         Measure & Record         Output:         Stor of Catheter         Fr.         Catheter will be discarded after each use, unless other instructions provided.         Storage:         Catheter will be discarded after each use, unless other instructions provided.         Storage:         Catheter will be discarded after each use, unless other instructions provided.         Storage:         Catheter will be discarded after each use, unless other instructions provided.         If irreby aftern dat this sudent ab been instructed in the proper technique for aslicator of Norse         Printed Name of Licensed Healthcare Provider	School Year:				
Date of Birth:	STUDENT INFORMATION				
Date of Birth:	Student's Name	School:			
<b>RESCRIBER AUTHORIZATION</b> (To be completed by licensed healthcare provider.)         START DATE:					
GTo be completed by licensed healthcare provider.)         START DATE:	□ Known drug allergies If drug allergies, pl	ease list:	Weight:	pounds	
GTo be completed by licensed healthcare provider.)         START DATE:	PRESCRIBER AUTHORIZATION				
Size of Catheter       Frequency/Time(s)       Measure & Record Output?       Location for Procedure:					
Fr.       Output?       Numes's office bathroom       Other: (Describe)         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 "os", procedure is to be completed:       By School Nurse       With Assistance from School Nurse       Supervised by School Nurse         • If "os", procedure is to be completed:       By School Nurse       With Assistance from School Nurse       Supervised by School Nurse         • If "os", procedure is to be completed:       By School Nurse       With Assistance from School Nurse       Supervised by School Nurse         • If "os", do you recommend equipment, supplies be kept "on person" by the student?       Yes       No       Image: Student?         • Interwist at the student has been instructed in the proper technique for self-care related to his/her clean intermittent catheterization procedure.       Image: Student?       No       Image: Student?         Printed Name of Licensed Healthcare Provider       Date       Phone       Fax         School Nurse to talk with the licensed healthcare provider should a question come up about the procedure.       Procedure is changed. I also authorize the School Nurse to talk with the licensed healthcare provider should a question	START DATE:		STOP DATE:		
Fr.	Size of Catheter Frequency/Time(s	) Measure & Record	Location fo	or Procedure:	
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 □       Intereby 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       Date       Phone       Fax         Signature of Licensed Healthcare Provider       Date       Phone       Fax         Parent       Date       Phone       Fax         Understand that additional parent/presoriber 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         Signature of Parent       Date       Phone       Cell       Signature of Parent       Cell       Signature of Parent       Date       Phone       Cell       Signature of Parent ////////////////////	Fr.			n 🗆 Other: (Describe)	
Self care is permitted and recommended for this student? Yes INO         • If' no", procedure is to be completed:       By School Nurse       With Assistance from School Nurse       Supervised by School Nurse         • 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 INO       Intereby affirm that this student has been instructed in the proper technique for self-care related to his/her clean intermittent catheterization procedure.         (Initials)       (Initials)         Potential Contradictions/Adverse Reactions	· · ·	□ Yes □ No	Classroom bathroom		
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revised 5/2014