

Vance County Schools
Authorization for Specialized Health Care Procedures

Name of Student: _____ DOB: _____

Parent Name: _____

Address: _____

Telephone: _____

1. Physical condition for which specialized health care procedure is to be performed: _____

2. Name of Procedure: _____

3. Precautions, possible reactions, and interventions:

4. Time Schedule and/or indication for the procedure:

5. Performance of procedure is to begin _____ and end _____

Health Care Provider's Signature Date

Address Telephone

I hereby request that the above procedure be performed for my child. I give the school nurse permission to perform the procedure in order to teach designated staff members how to perform the procedure for my child.

Parent/Guardian Signature Date

Please return this form to _____ at _____
School Nurse School