Ridgefield Public Schools
Ridgefield, Connecticut

Authorization for the Administration of Specialized Procedures

The Connecticut State Law and Regulations require an M.D.'s, O.D.'s, D.D.S.'s, A.P.R.N.'s, or P.A.C.'s written order and parent's or guardian's authorization for a nurse to administer a treatment or procedure in school.

Health Care Provider's Order

Name of Child _____ Date of Birth _____

Address _____

Physical condition for which treatment or procedure is to be performed during school hours _____

Name of treatment or procedure _____

Check one of the below:

_____ a. I have reviewed and approved the attached standardized procedures as written.
_____ b. I have reviewed and approved the attached standardized procedures with my modifications.
_____ c. I have attached my recommendations for standardized procedures.

Duration of treatment or procedure (date to date) _____ to _____

Time schedule and/or indication for the treatment or procedure _____

Precautions, possible untoward reactions and recommended interventions _____

Permission for child to self-administer own treatment or procedure (circle) Yes No

Authorized Prescriber's Name (Print) _____

Address _____ Phone _____ Fax _____

Authorized Prescriber's Signature _____ Date _____

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Authorization by Parent/Guardian for the Administration of the Above Treatment or Procedure by School Personnel

To School Personnel:
I hereby request that the above treatment or procedure order by the M.D., O.D., D.D.S., A.P.R.N., or P.A.C., for my child be administered by school personnel. I understand that I must supply the school with the necessary equipment needed.

I DO/DO NOT (circle one) wish the treatment or procedure administered on field trips and shortened days.
I DO/DO NOT (circle one) wish my child to self-administer the treatment or procedure.

Name (print) _____ Date _____

Signature _____Relationship to child _____

Telephone Number (home) _____Telephone Number (work) _____

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