FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT

TREATMENT AUTHORIZATION FORM

This order is valid only for the current school year_____ (Including Summer Session)

OR

Start Date: ____/____/_____ to Stop Date: _____/____/____

This treatment authorization form must be completed fully in order for staff to administer required treatment.
A new form must be completed at the beginning of each school year.

- Carefully review the reverse side of this form before completion.

Name:	***Date of Birth:***	***Grade:***

HEALTH CARE PROVIDER AUTHORIZATION

Allergies:

Condition for which treatment is being administered:

Treatment Instructions:

Time of Administration:	***If PRN, frequency:***
Is student competent to self-carry treatment? ☐ Yes ☐ No	***Is student competent to self-administer treatment?*** ☐ Yes ☐ No

Health Care Provider's Name/Title: (Please Print)		*Health Care Provider Stamp*
Telephone:	Fax:	
Address:		

Health Care Provider's Signature: ***Date:***

PARENT/GUARDIAN AUTHORIZATION

I request designated personnel to administer the treatment as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of treatment at school and understand that the health care provider will be contacted if questions arise regarding the student's treatment order.

Primary Contact Phone:	***2nd Phone:***

Parent/Guardian Signature: ***Date:***

REGISTERED NURSE REVIEW / AUTHORIZATION

Is student competent to self-carry treatment? ☐ Yes ☐ No	***Is student competent to self-administer treatment?*** ☐ Yes ☐ No

Registered Nurse Signature: ***Date:***

IMPORTANT INFORMATION
for Parents/Guardians and Health Care Providers

1. Please give your child any needed treatment at home if at all possible.

2. It is recommended that the first full day's (24 hours) treatment be given at home. If unsure, follow the recommendation of health care provider about attending school during the first 24 hours.

3. Parent/guardian responsibilities:
   a. Provide and maintain all equipment and supplies for the duration of the treatment order.
   b. The parent/guardian must provide new supplies prior to expiration date(s).

4. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.

5. Student Self-Carry and/or Self-Administer:
   a. The health care provider and registered nurse must indicate whether the student is competent to self- administer and/or self-carry, if needed.
   b. If competent to self-carry and/or self-administer, the registered nurse will work with the student and parent/guardian to develop a *Plan for Medication/Treatment Management Outside the Health Room.*

6. The registered nurse must review and approve this form prior to administration.