MUSKEGO-NORWAY SCHOOL DISTRICT **453.4 (E-4)**

MEDICAL PROCEDURE CONSENT FORM

Student:_____ Date of Birth:_____

School:_____ Grade:_____

For Completion by PHYSICIAN: (USE A SEPARATE FORM FOR EACH PROCEDURE)

Your signature on this document attests to your willingness and intent to direct, supervise, decide, and oversee the administration of the medical procedure and that you will accept direct communication from district staff regarding the procedure. **We ask that all instructions be state in language of the lay person.**

1. **Reason** for Procedure:_____
2. **Name** of Procedure:_____
3. **Directions** for Procedure:_____
   _____
   _____
   _____
4. **Start** date of procedure:_____ **Stop** date of procedure:_____
   (This form needs to be filled out YEARLY)
5. **Administration**:
   - Daily/Scheduled Time:_____
   - AND / OR
   - As needed (Indication for procedure):_____

If needed, how soon can procedure be repeated?_____

Procedure cannot be repeated more than: _____

Contraindications to procedure (DO NOT perform procedure if):

_____

COMMENTS:

_____

_____

*Physician's Name:*_____ *Telephone #:*_____ *Fax#:*_____

I am a licensed healthcare professional and have prescribed the above procedure to named student.

_____ _____

(Physician Signature) (DATE)

PARENT/GUARDIAN STATEMENT

I, the undersigned parent/guardian, hereby request the school nurse and/or trained personnel to administer the above procedure according to the physician's instructions. I agree to notify the school nurse immediately if there are any changes in the student's status or physician's orders. **I will deliver and provide the needed medical supplies to school and monitor the need for more supplies.**

I, the undersigned, hereby authorize the Muskego-Norway School District staff to disclose by any means (including written, oral, or electronic) information regarding this form to the physician listed.

I, the undersigned, hereby authorize the physician listed on this form to disclose by any means (including written, oral, or electronic) information regarding this form to the Muskego-Norway School District.

I agree to hold the Muskego-Norway School district harmless in any and all claims arising from the benefits or consequences of this medical procedure which the physician has prescribed and my child has taken. Furthermore, I agree to hold the district harmless of any responsibility for assuring that the procedure is administered.

_____ _____ _____

(Parent/Guardian Name) (Parent/Guardian Signature) (Date)

_____ _____ _____

(Home phone) (Work phone) (Cell phone)

November 2014