Omaha Public Schools District – Health Services
Authorization for Administration of Specialized Health Care Procedures

Dear Parent/Guardian:
Omaha Public Schools requires physician/dentist/APRN/PA's written orders and parent/guardian written permission for students who require specialized health care procedures provided during school hours. Any medical supplies needed for the specialized procedure are to be provided by the parent/guardian. ***No expired medical supply will be accepted and/or used to complete the specialized procedure. Authorization for this procedure is required annually.***

Name of Student: _____ Birthdate: __ / __ / ____

Diagnosis: _____ Name of the Procedure: _____

Description of the Procedure and/or special instructions: _____
_____
_____
_____

Time/Interval and/or circumstance Procedure is to be done: _____
_____

Amount (if applicable for procedure): _____
_____

Precautions and/or signs/symptoms of adverse reaction: _____
_____
_____

Action to be taken by the school nurse in the event of an adverse reaction: _____
_____
_____

Scheduled Discontinuation Date (if applicable): _____

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Health Care Provider's Name (Signature): _____ Date: __ / __ / ____

Health Care Provider's Name (Please Print): _____ Phone: (___) ___-____

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I hereby give my permission for my child to receive the specialized procedure named above as prescribed by my child's health care provider.

Parent/Guardian Signature: _____ Date: __ / __ / ____

My secondary student (Grades 7-12) may transport medical supplies to/from school.

Parent/Guardian Signature: _____ Date: __ / __ / ____