Print Form

Authorization for Administration of Specialized Health Care Procedures

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Addendum to Individualized Healthcare Plan

Students who need **specialized health care procedures** provided during the school day must have, in writing, a health care provider prescription and parental authorization. **This form must be updated annually.**

Student Name_____ Date of Birth_____ School_____

Diagnosis/Condition(s) _____

Specialized health care procedures Prescription_____

_____

_____

Process of the Procedure_____

_____

_____

Time/Interval Procedure is to be done_____

_____

Amount – (if applicable) _____

Precautions and/or Possible Adverse Reactions_____

_____

_____

Discontinuation Date_____

_____ _____

Date Health Care Provider's Signature

_____ _____

Phone Number Health Care Provider's Name Printed or Typed

I herby give permission for my child to receive the specialized health care procedure named above as prescribed by my child's health care provider. Permission is also given for the school nurse to contact the health care provider regarding this treatment.
I agree to save, defend and hold harmless the Matanuska Susitna Borough School District, its employees, elected or appointed officials, from any liability or damages as a result of the above listed specialized health care procedures. I agree to notify the school nurse immediately of any changes in care, procedures or discontinuance of the above listed procedures.

_____ _____

Date Parent/Guardian Signature