



# 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 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 hereby 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