



SCHOOL HEALTH PROCEDURES AUTHORIZATION FORM

Part I (To be completed by parent)

Student: _____ Birthdate: _____

School: _____

I hereby authorize school personnel to perform the following health procedures for my child. I understand that the health procedure will be administered as directed by the physician and information regarding the procedure will be exchanged with the physician as necessary. The physician shall notify the school in writing if this health procedure is to be discontinued. Any changes in the frequency of the procedure will require resubmission of this form.

Parent/Legal Guardian's Signature: _____

Telephone (home) _____ (work) _____ Date: _____
(Cell) _____

***The parent is responsible for providing equipment/supplies for health procedures given during school.**

Part II (To be completed by physician)

* Health Procedure _____ Time _____

Other Directions _____

* Health Procedure _____ Time _____

Other Directions _____

* Health Procedure _____ Time _____

Other Directions _____

Comments regarding health procedures: _____

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Address: _____

Phone Number: _____

FAX Number: _____

Please return to: High Point School/School Nurse
1735 S. Wagner Road
Ann Arbor, MI 48106-1406
734-994-8111 Fax: 734-994-2341

This form is good from September to August. It must be renewed yearly.