

DOWNEY UNIFIED SCHOOL DISTRICT
Parent Consent and Authorized Healthcare Provider Authorization
Safety Precautions—Pupil with Central Venous Catheter at School and School-sponsored Events

Pupil:	DOB:	Date:
School:	Teacher/Rm:	Grade:
Medical office:	Patient Identification #:	

1. Type of central venous catheter: _____
 External device—size: _____ Fr; length: _____

2. Date catheter implanted: _____

3. PUPIL MAY NOT PARTICIPATE in contact sports (involves real or potential collision with a person or object; includes games at recess)

4. PUPIL MAY NOT PARTICIPATE in swimming. PUPIL MAY PARTICIPATE in swimming.

5. CHECK & LIST ACTIVITIES IN WHICH PUPIL MAY PARTICIPATE.

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

6. Additional safety precautions: _____

7. See attached form, Problems and Actions. Please review and initial form to indicate authorization.

Authorized Healthcare Provider Authorization— Central Venous Catheter Safety Precautions In School Setting

My signature below provides authorization for the above written orders. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

***Authorized Healthcare Provider Name** _____ **Signature** _____

Date _____ **Phone** _____ **Address** _____ **City** _____ **Zip** _____

***Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number** _____

Supervising Physician Name _____ **Address** _____ **Phone** _____

Parent Consent for Central Venous Catheter Safety Precautions in School Setting

I (we) the undersigned, the parent(s)/guardian(s) of the above named pupil, request that the specialized physical healthcare service, central venous catheter safety precautions, be provided for my (our) child in accordance with state laws and regulations. I (we) will:

1. provide the necessary supplies;
2. notify the school nurse if there is a change in child’s health status or attending authorized healthcare provider; and
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary.

I (we) give consent for the school nurse to share basic medical information and safety precautions with school personnel who will have contact with my child. I (we) understand that I (we) will receive a copy of that written communication.

Parent(s)/Guardian(s) Signature _____ **Date** _____

_____ **Date** _____

Reviewed by school nurse (signature) _____ **Date** _____