Limestone DISTRICT SCHOOL BOARD

Form 314-B1-Authorization and Request for the Administration of Medical Procedures

To be completed by parent/guardian—one for each procedure and to be updated annually, or as procedures or student's condition changes. It is the responsibility of the parent/guardian to ensure that a new form is completed when required and returned to the school.

A. IDENTIFYING INFORMATION

Name of Student: _____ D.O.B: _____
YYYY/MM/DD

Teacher: _____ Classroom: _____

Parent/Guardian's name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

B. MEDICAL PROCEDURE:			
Description of Procedure:			
Times of Day:			
Possible Adverse Reactions:			
Emergency Contacts:		Phone #: Phone #:	
C. EQUIPMENT/SUPPLIES			
Specific Equipment/Supplies Required:			
Storage of Equipment/Supplies:			
D. SCHOOL PERSONNEL TRAINING			
Persons Trained:	1.	Date Trained:	1.
	2.		2.
	3.		3.
Name of Person/Agency who Provided the Training:			
Person/Agency to Contact with Comments/Concerns:		Phone #:	

Parent/Guardian's Signature: _____ Date: _____

Personal information on this form is collected under the authority of Board policy and will be used by school staff for the purpose of administering medical procedures as directed above. Questions about this collection may be directed to the Board at 613.544.6920