



SOUTHWEST COOK COUNTY COOPERATIVE ASSOCIATION FOR SPECIAL EDUCATION

HEALTH CARE PROCEDURE – PARENT GUIDELINES

The following procedural guidelines will state responsibilities and requirements for Cooperative students who require specific medical/health care procedures during the regular school day or a school-related activity. Prior to the implementation of the procedure in the school setting by a trained staff member, it will be necessary that the following requirements be met.

- 1. Health Care Procedure Authorization form must be completed and signed by both parent and physician, and include the physician's written order for the procedure.**
- 2. Physician's written order for specific procedure required during the regular school day or a school-related activity should include:**
 - a. Diagnosis**
 - b. Procedure**
 - c. Reason for procedure**
 - d. Frequency, including time schedule and/or indication for procedure**
 - e. Specific instructions (including precautions, possible adverse reactions and interventions)**
 - f. Duration of procedural implementation.**
- 3. Authorization form including physician's order is to be renewed annually and/or at any time during the year if change from original order should occur.**
- 4. The Cooperative nurse will act as a resource to designated trained staff member performing procedure.**
- 5. Parent will be responsible for providing and replenishing the necessary supplies/equipment for implementation of procedure.**
- 6. Parent will be responsible for immediately notifying Cooperative nurse of any changes in procedure or child's physical condition affecting performance of procedure.**



**SOUTHWEST COOK COUNTY COOPERATIVE ASSOCIATION FOR SPECIAL EDUCATION
(SWCCCASE)**

HEALTH CARE PROCEDURE – ANNUAL PARENT/PHYSICIAN AUTHORIZATION

_____ Student Name _____ Date of Birth _____ Program

To be completed by Physician:

Diagnosis: _____

Procedure: _____

Duration: _____

Reason for Procedure: _____

Frequency: (Please include times and/or procedural indications): _____

Specific instructions: (include precautions, possible adverse reactions and interventions; when “PRN” is noted, please specify indications for procedure to be performed):

_____ Physician’s Signature _____ Date

_____ Address _____ Phone Number

Parent Authorization:

I authorize the release and exchange of information between SWCCCASE and the above named physician(s) or agency(ies) regarding the above listed procedure.

I hereby authorize and request the above procedure for my child during school hours by SWCCCASE employees.

_____ Parent Signature (do not sign until completed) _____ Date

Parent Home Phone Number: _____ Work Phone Number: _____