

Filled out by Doctor and Parent or Legal Guardian
Date of Plan _____

Authorization For Clean Intermittent Catheterization (CIC) Or Assisted Self-Catheterization at School

Order is valid for entire 20__ - 20__ school year to include summer school → (If applicable)

Student Name: _____	Birthdate: _____
Allergies: _____	
School: _____	
Phone: _____	Fax: _____

This portion is to be completed by a licensed Healthcare Professional

Diagnosis for Catheterization:	
Type of Catheterization:	<input type="checkbox"/> Clean Intermittent or <input type="checkbox"/> Assisted Self-Catheterization
Time/Schedule:	
Precautions and interventions:	
Catheter type and size:	
Medications required:	

An additional medication administration form will need to be filled out and signed if medications are required.

Attached Authorization for Administration of Medication at School Form? Yes No

Additional orders or instructions: _____

I request and authorize that the above named student be provided CIC in accordance with the instructions indicated above. This order is valid during school hours or during such times the student is under the supervision of school officials.

Provider Name	Provider Signature
Date	Contact Number
	Fax Number

This portion is to be completed by the Parent/Legal Guardian

By signing this form, I agree to all of the above information and I am explicitly requesting that a nurse or *Nurse* designated adult administer care to my child while under the supervision of the school.

Parent/Legal Guardian Name	Parent/Legal Guardian Signature
Date	Parent/Legal Guardian Primary Contact
	Parent/Legal Guardian Secondary Contact