

**Muscogee County School District
Department of Health Services
Parent/Guardian Authorization for Administration of
Health Procedure by Authorized Personnel**

Date: _____

School: _____

Student's Name: _____

DOB: _____ Age: _____

Physical Condition for which the specialized health services are required: _____

Name of standardized procedure: _____

Please attach information required to understand the steps of this procedure.

Precautions, possible untoward reactions and interventions: _____

Time schedule and/or indications for the procedure: _____

The procedure is to be continued as above until _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Phone: _____