



PHYSICIAN'S ORDER FOR CATHETERIZATION

Student Name: _____ **DOB:** _____

School Name: _____

- The student's licensed health care prescriber must complete and sign section 1 of this form at the beginning of each school year.
- Parent/guardian must complete and sign Section II of this form at the beginning of each school year.
- This completed form must be on file in the student's health record before a student can be catheterized by school personnel.
- A school nurse will delegate and train medically unlicensed staff
- Parents must supply school staff with all needed supplies.

I. Prescriber's section

Prescriber's name/title (printed): _____ Phone: _____

Prescribed catheter/size: _____

This is to certify that the above named student is under my care and needs to receive clean, intermittent catheterization during the school day.

- This student requires trained staff to complete procedure during school
- This student is independent and is able to self-catheterize with no assistance from school staff

This student is to be catheterized with a clean catheter at the following time(s) during school:

1. _____ 2. _____ 3. _____

After catheterization, catheter is to be (check one):

- Disposed of in a trash can
- Cleaned/reused a maximum of _____ times or _____ days. The following procedure is to be used for cleaning catheter after each use: _____

Complications to report to prescriber: _____

Prescriber's signature/title: _____ **Date:** _____

II. I hereby request and give permission for school personnel to perform the procedure of urinary catheterization on my child (or perform independently if ordered) in accordance with the specific written instructions of our medical provider. I am responsible for the delivery of all supplies that are needed and will notify the school immediately if we change our medical provider, the procedure changes as written or need for catheterization is terminated.

Parent/Guardian signature: _____ **Date:** _____