



Prince William County Public Schools Health Treatment Plan  
Authorization for Specific Medical or Emergency Procedure

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of specific medical procedure: \_\_\_\_\_

Medical Condition for which the procedure is to be performed: \_\_\_\_\_

Level of care:  Minimum  Moderate  Complex

List training needed to perform procedure: \_\_\_\_\_

Procedure can be completed by trained school staff:  Yes  No

Special orders must include detailed information such as the exact procedure, timing, intervals, and any required steps. A protocol may be attached for reference and adapted as needed. Alternatively, the special order may be provided on the healthcare provider's official letterhead.

Precautions, possible adverse reaction, interventions, list of possible emergencies that could relate to specific medical condition:

Materials/equipment to perform special procedure (provided by parent/guardian):

Medical procedure is to be performed from \_\_\_\_\_ to \_\_\_\_\_

Healthcare Provider's Name

Phone Number

Healthcare Provider's Signature

Date

Authorization of parent/guardian: I hereby request that staff perform the above procedure on my child as indicated in the Health Treatment Plan.

Parent's/Guardian's Name

Date

Parent's/Guardian's Signature

Date

School personnel trained in the treatment procedure:

Printed Name	Signature	Trainer's Signature	Date of Training