

SAMPLE  
Licensed Health Care Provider's Approval of Procedure

Date \_\_\_\_\_

The licensed healthcare provider will approve or authorize the procedure that is to be used in the school.  
The authorization will include the following information:

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Physical condition for which procedure is authorized \_\_\_\_\_

Name of procedure to be performed \_\_\_\_\_

Precautions, possible untoward reactions, and interventions \_\_\_\_\_

Time schedule and/or indication for the procedure \_\_\_\_\_

Licensed Healthcare Provider's Signature \_\_\_\_\_

Licensed Healthcare Provider's Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_