RACINE UNIFIED SCHOOL DISTRICT
Health Services
Oxygen Administration at School

PARENT/GUARDIAN REQUEST:

Student's Name:_____ Date of Birth:_____
Please Print

Parent/Guardian's Name:_____ Date Requested:_____

I request that my child, named above, receive the following procedure at school using the doctor's orders written below. I give permission for the school nurse to contact the doctor or the doctor's representative to clarify any questions about the procedure. I understand that this procedure requires a new order each school year or if there is any change. I understand that I am responsible for providing all supplies related to this procedure.

Procedure: ☐ **Continuous oxygen** ☐ **Intermittent oxygen (PRN)**

Parent/Guardian's Signature:_____

PHYSICIAN'S ORDERS:

Student's Name:_____ Date of Birth:_____

Physician's Name:_____ Phone Number:_____

Address:_____ Fax Number:_____

I authorize that the student named above receives oxygen at school per the orders below. I understand that a school district employee(s) trained by the school nurse following school district protocols will perform or assist with the procedure as needed.

Length of Order: ☐ Full School Year/Summer School ☐ From_____to_____

Procedure is: ☐ Continuous oxygen ☐ Intermittent oxygen (PRN)

Method of administration (i.e. nasal canula):_____

Flow rate:_____

Oxygen may be discontinued for following activities:_____

_____

Indicators for use:_____

I want to be notified if:_____

_____

Does this order replace a previous order: ☐ No ☐ Yes If yes, the previous order will be discontinued.

Comments:_____

_____

Physician's Signature: _____ **Date**:_____
