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

Student Name:Address:			
Condition for which the procedure	e is to be performed:		
Level of care: ☐ Minimum	☐ Moderate	☐ Complex	
Procedure can be completed by tra	ained school staff:   Y	es □ No	
adapted as needed. Alternatively, a letterhead.):	a specific order may be	s. (Attached protocol may be accepted or written on the health care provider's	
Materials/equipment to perform sp	pecial procedure (provi	ded by parent/guardian):	
Medical procedure is to be perform	med from	to	
Health Care Provider's Name		Phone Number	
Health Care Provider's Signature		Date	
Authorization of parent/guardian: child as indicated in the Health Tr		aff perform the above procedure on my	
Parent's/Guardian's Name		Date	
Parent's/Guardian's Signature			

## School/CCC personnel trained in the treatment procedure:

Printed Name	Signature	Trainer's Signature	Date of Training