



## Request for Clean Intermittent Catheterization by School Personnel

**Student's name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **School/Grade/Teacher:** \_\_\_\_\_

- The student's Ohio licensed health care prescriber must complete and sign Section I of this form each school year.
- Parent/guardian must complete and sign Section II of this form 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 who also might perform this procedure.
- Parents must supply school staff with all needed supplies.

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### I. Prescriber's Section

Prescriber's name/title (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Prescribed catheter and size: \_\_\_\_\_

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

- Disposed of in a trashcan  
 Cleaned and re-used a maximum of \_\_\_\_\_ times or \_\_\_\_\_ days. The following procedure is to be used for cleaning catheter after each use:

\_\_\_\_\_  
\_\_\_\_\_

Complications to report to the prescriber: \_\_\_\_\_

I understand the catheterization may be performed by a medically unlicensed but nurse-trained staff member.

**Starting date for order:** \_\_\_\_\_ **Ending date for order:** \_\_\_\_\_

Prescriber's signature/title: \_\_\_\_\_ Date: \_\_\_\_\_

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### II. Parent/Guardian's Section

I hereby request and give my permission for school district personnel to perform the procedure of urinary catheterization on my child in accordance with the specific written instructions of our medical provider. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I am responsible for the delivery of all catheterization supplies to the school clinic and will notify the school immediately if we change our medical provider, the procedure changes as written, or the need for catheterization is terminated.

I agree to submit a revised *Request for Clean Intermittent Catheterization by School Personnel* (form 5330 C F1) if any changes are made regarding the above orders.

I understand only an LPN or school nurse can do this procedure until medically unlicensed staff in my child's school have completed the required District training. In the absence of a medically licensed person, such as a school nurse, only designated, trained staff is authorized to perform this task.

I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers as necessary for medical management.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_