

**Muscogee County School District  
Department of Health Services  
Parent/Guardian Authorization for Administration of  
Health Procedure by Authorized Personnel**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Condition for which the specialized health services are required: \_\_\_\_\_  
\_\_\_\_\_

Name of standardized procedure: \_\_\_\_\_  
Please attach information required to understand the steps of this procedure.

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

Time schedule and/or indications for the procedure: \_\_\_\_\_  
\_\_\_\_\_

The procedure is to be continued as above until \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_