

**Antelope Valley Union High School District
Dysreflexia Catheterization Orders**

***** PHYSICIAN SECTION *****		
The Authorized Health Care Provider (signing below) must be licensed within the State of California to prescribe medication. (California Education Code 49423 and 49423.6)		
Student Name	DOB	Date Authorized
Parent / Guardian Name	Work / Cell Phone	
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Type of Catheter	Size	Normal blood pressure range
Times a.m. _____ p.m. _____ prn	Assistance Required daily _____ prn	Known latex allergy Yes _____ No _____
Empty bladder up to _____ ml. and wait _____ minutes prior to proceeding.	Reuse catheter after appropriate cleaning? yes _____ no _____	
If this procedure is required during school hours, these orders will be in effect until July 31 st of the summer following the school year for which they are prescribed.		
Name of Authorized Health Care Provider		Signature
Address		Phone
***** PARENT SECTION *****		
Initials required # 1, 2 and 3 a or b		
<p>1. I give my permission as the parent or legal guardian of the above named student to initiate this request for catheterization for my child. I acknowledge that my child may be assisted to catheterize himself / herself by a school employee trained by the District Nurse. Catheters that do not have matching information on the written statement and the catheter package, or are not in their original package, will not be accepted or used. Catheters will be counted upon receipt in the health office. All equipment / supplies are the responsibility of the parent. _____ initials</p>		
<p>2. In order for catheterization to be available to my child at school, I give my permission for the credentialed school nurse to communicate directly with the student's physician, as may be necessary, regarding the physician's written statement or any other questions that may arise with regard to the specialized catheterization procedure. I may terminate my consent for this procedure at school at any time. _____ initials</p>		
<p>3a. My child has been trained to carry and self-catheterize and is both responsible and capable of performing this procedure, without assistance or supervision, at school. He / She is also capable and responsible to transport the catheter to and from school. I release the district and school personnel from civil liability if my child suffers from an adverse reaction as a result of self-administering this procedure. _____ initials</p>		
<p>3b. I request that my child be assisted and supervised during administration of the catheterization procedure at school and not be permitted to perform this procedure without proper supervision from school personnel. _____ initials</p>		
Signature of Parent / Legal Guardian		Date

Revised 2008