Frederick County Public Schools / Frederick County Health Department Clean Intermittent Catherization (CIC) Authorization Form

FCPS Form 400-68F.3
Regulation 400-68
March 2023

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Clear Form

This order is valid only for the current school year: _____ (including summer session)

OR

Start Date: _____ to Stop Date: _____

This treatment authorization form must be completed fully in order for staff to administer required treatment. A new form must be completed at the beginning of each school year.

- Carefully review the reverse side of this form before completion.

Name: _____ Date of Birth: _____ Grade: _____

Health Care Provider Authorization

Allergies: _____

Condition for which treatment is being administered: _____

Treatment Instructions:

Insert urinary catheter size _____ fr & _____ cm into _____.

Utilize water soluble lubricant or water to facilitate reinsertion of device.

Time of Administration: _____ If PRN, frequency: _____

Additional instructions:

☐ Student is competent to self-administer treatment alth Care Provider's Name/Title: _____ ephone: _____ Fax: _____ dress: _____	Health Care Provider Stamp

Health Care Provider's Signature: _____ Date: _____

Parent/Guardian Authorization

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify for that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order or the medical condition which the order is prescribed.

Primary Contact Phone: _____ 2nd Phone: _____
Parent/Guardian Signature: _____ Date: _____

Registered Nurse (RN) Review/Authorization

☐ Student is competent to self-administer treatment

RN Signature: _____ Date: _____

IMPORTANT INFORMATION

For Parents/Guardians and Health Care Providers

1. Parent/guardian responsibilities:
    a. Provide and maintain all equipment and supplies for the duration of the treatment order.
    b. The parent/guardian must provide new supplies prior to expiration date(s).

2. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.

3. Student Self-Administer Treatment:
    a. The health care provider and registered nurse must indicate whether the student is competent to self-administer treatment, if needed.
    b. If competent to self-administer, the registered nurse will work with the student and parent/guardian to develop a Plan for Medication/Treatment Management Outside the Health Room.

4. The registered nurse must review and approve this form prior to administration.