



**Licensed Medical Practitioner's Authorization
for Clean Intermittent Catherization
or Assisted Self-Catherization**

Student's Name _____ School _____

Birthdate _____ Grade _____

Parent/Guardian Name _____

In order for this student to attend school, it is absolutely necessary that the following services be performed during school hours. If specific training or instruction is required, I am willing to participate in this.

Condition for which CIC is needed: _____

Specific Medical Procedure: CIC _____ Assisted Self-Catheterization _____

Time(s) of Procedure: _____

Precautions and Interventions: _____

Type and Size of Catheter: _____

Medication(s): Parent and physician forms for oral medication administered at school must be on file at school.

Other orders and/or instructions for this student: _____

I request and authorize that the above-named student be provided CIC in accordance with the instructions indicated above for the period commencing the _____ day of _____, 20____
_____ through the _____ day of _____, 20____ during school hours or during
such time that the student is under the supervision of school officials. This request is not valid for any period
greater than one year or past the end of current school year.

I understand that I may be called by school personnel regarding the above recommendations and that I will be responsible for monitoring the ongoing health status of this patient. I understand that clean intermittent catheterization may be performed by a medically trained non-licensed individual.

Licensed Medical Practitioner's Signature _____ Date _____

Name Printed or Typed _____ Tel. No. (____) _____

Address _____ City _____ Zip _____