



Manitowoc Public School District  
**Procedure Consent/Order Form**

Student Name	Birthdate	School	Grade

Prescribing Provider	Provider Phone	Provider Fax

- I request that my child have the below ordered procedure performed at school.
- I give permission for school staff to communicate with the prescribing provider regarding the procedure, if applicable.
- I understand that this consent is active for the entire school year.
- I agree to inform the school of any changes in the procedure.
- I understand that it is a REQUIREMENT that all procedure supplies and/or equipment are provided by the parent.
- I understand that any supplies remaining at the end of the school year must be picked up by a parent.
- I further agree to hold the MPSD employees harmless in all claims arising from the ordered procedure being performed at school..

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Procedure Order (tube feeding, urinary catheterization, etc)**

**\*This section to be completed by prescribing provider ONLY\***

Procedure	Time/Frequency	Instructions

\_\_\_\_\_  
Printed Name of Prescribing Provider

\_\_\_\_\_  
Signature of Prescribing Provider

\_\_\_\_\_  
Date