



Prince George's County Public Schools  
Office of School Health

Prescriber's Orders for Specialized School Health Services  
(Catheterization)

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_ (DOB: \_\_\_\_\_)

<b>REFERRAL</b>	Health Services Nurse		Phone
	Physician's Name		Phone
	Physician's Address		
<b>PATIENT INFORMATION</b>	Patient Name (Last, First, Middle Initial)	Date of Birth	Race
	Patient Address	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
	Parent or Guardian	Relationship to Child	Phone
	School Presently Attending		Phone
<b>PHYSICIAN'S ORDERS</b>	Diagnosis/Pertinent History (Use back as needed)		Treatment Start Date
			Treatment End Date
	Describe Treatment/Procedure to be Administered: <b>CLEAN INTERMITTENT CATHETERIATION AT SCHOOL</b>		
	Frequency: _____ Times:		
	Special Instructions:		
	Equipment/Supplies Necessary for Procedure		
	Catheter size: _____, wipes, lubricant, receptacle for urine. Special Equipment:		
	Dietary Recommendations		
Activity Limitations			
Physician's Signature		Date	
<b>PARENT/GUARDIAN</b>	<ul style="list-style-type: none"> <li>• I understand that I must supply the school with the equipment/supplies listed above.</li> <li>• I hereby authorize the treatment/procedure described above to be administered by Prince George's County Public School's staff to my child as directed by my child's physician.</li> <li>• I understand that the physician will be called if a question arises about my child's procedure.</li> </ul>		Date
	Parent Signature		Date
<b>PGCPS</b>	RN/LPN Signature	Date	