



**CLEAN INTERMITTENT CATHETERIZATION PERMISSION FORM**  
 HEALTH SERVICES  
 SCHOOL DISTRICT U-46

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

**PARENT PERMISSION:** Please PRINT information:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name, First Name Month Day Year

Address: \_\_\_\_\_  
House Number / Street Apt # if necessary City ZIP

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Name of School Teacher's Name

- I give my permission for the above named student to be catheterized at school by the nurse.
- I give permission for the above named student to self-catheterize at school under the supervision of the nurse as appropriate for age/development.
- I give permission for the school nurse to communicate as warranted with the physician regarding my student's health concerns. A copy of this permission is as valid as the original

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian printed name area code + number area code + number

Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_  
Signature of Parent/Guardian Month Day Year

**PHYSICIAN ORDERS:**

- I request that the nurse catheterize the above named student at school. The student should be catheterized every \_\_\_\_\_ hours during the school day.  
# of hours/frequency

**Other special instructions include:**

\_\_\_\_\_  
 \_\_\_\_\_

- I request the above named student self-catheterize at school every \_\_\_\_\_ hours during the school day.  
# of hours/frequency

**Other special instructions include:**

\_\_\_\_\_  
 \_\_\_\_\_

- Catheter may be cleaned and re-used as specified below:

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_  
Signature of Physician Month Day Year

Physician's Printed Name: \_\_\_\_\_  
Physicians Name Medical Group/Clinic

Office Address: \_\_\_\_\_  
Street Address Suite # if necessary City ZIP

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Area code + phone number Area code + phone number