



Part I (To be completed by parent)

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

I hereby authorize school personnel to perform the following health procedures for my child. I understand that the health procedure will be administered as directed by the physician and information regarding the procedure will be exchanged with the physician as necessary. The physician shall notify the school in writing if this health procedure is to be discontinued. Any changes in the frequency of the procedure will require resubmission of this form.

Parent/Legal Guardian's Signature: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Date: \_\_\_\_\_

(Cell) \_\_\_\_\_

**\*The parent is responsible for providing equipment/supplies for health procedures given during school.**

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Part II (To be completed by physician)

Health Procedure: Tracheostomy Suctioning      Time: PRN/ As needed

Trach tube type and size:

Emergency trach tube one size smaller:

Suction catheter size:

Suction catheter depth:

Further specific recommendations for tracheostomy:

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Please return to:      High Point School/School Nurse  
1735 S. Wagner Road  
Ann Arbor, MI 48106-1406  
734-994-8111 Fax: 734-994-2341

**This form is good from September to August. It must be renewed yearly.**