



Health Care Provider (HCP) Authorization for Oxygen Administration

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

The parent/guardian of the above named student has requested the school district to provide oxygen at school. If it is **essential** that this treatment/procedure be given during school hours, please complete the form below:

TREATMENT/PROCEDURE _____ **Oxygen Administration**

- Time treatment/procedure is to be performed: _____
- O₂ rate: _____
- Route: _____
- Possible hazards and danger signals; emergency care which may need to be provided: _____

- Special equipment or environment recommended (parent is to supply equipment ready for use): _____

- Duration of order (not to exceed one school year): _____

I will assist in helping to determine that adequate, safe arrangements are made for performance of this treatment/procedure. I may be called by school personnel regarding this treatment/procedure.

Date of Signature

X _____
HCP's Signature

Telephone Number: _____

Name: _____
(Print or type)