



J. Sterling Morton High Schools  
Morton West – 708.780.4100 ext. 3613  
Morton East – 708.780-4100 ext. 2213  
Morton Freshman Center – 780.863.7900 ext. 1211

## PARENT PACKET-CATHERIZATION

Dear Parent/Guardian of: \_\_\_\_\_ ID#: \_\_\_\_\_

We have been informed that your child has a medical condition that requires nursing services while at school. Enclosed are the forms which need to be completed by your child's physician and parent/guardian. These forms are necessary in order for the School Nurse to perform or administer specific medical treatments or procedures during the school day.

To provide the safest care for your child, please let us know if there are any changes in your child's medical condition or if there are changes to your daytime phone numbers. The information provided to the school by both the student's physician and parent will also be shared with the appropriate personnel in the school the work directly with your child.

We look forward to working with you and your child at the Morton Freshmen Center this school year. Please contact the School Health Office if you have any questions at (708) 780-4000 extension 2213.

Sincerely,

School Nurse

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

**MEDICAL CONDITION/DIAGNOSIS:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

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**Parent/Guardian(s) Names:** \_\_\_\_\_

**Call Parent/Guardian 1:- Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Call Parent/Guardian 2:- Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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**Alternate contact person in case of emergency:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

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**History of Medical Condition**

(Include date of onset and the most recent concerns): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatments or Medications at School:** (Physician & parent must also complete Medication consent form before any medication can be brought to school to be administered)

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments or Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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*Reviewed by:* \_\_\_\_\_ *RN* *Date:* \_\_\_\_\_  
(School Nurse)



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**PHYSICIAN’S AUTHORIZATION FOR CATHETERIZATION PROCEDURE**

**STUDENT’S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**MEDICAL DIAGNOSIS:** \_\_\_\_\_

**CURRENT MEDICATION(S):** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

**ORDER FOR CATHETERIZATION PROCEDURE:**

Intermittent catheterization by School Nurse

Intermittent catheterization by student

**Catheter Size and Type** \_\_\_\_\_

**Frequency of Catheterization in School** \_\_\_\_\_

**Specific Orders/Recommendations** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 (Physician’s Signature)

\_\_\_\_\_  
 (Today’s Date)

\_\_\_\_\_  
 (Physician’s Name Printed)

\_\_\_\_\_  
 (Office Phone Number)

**PARENT/GUARDIAN AUTHORIZATION**

I, the undersigned Parent/Guardian of \_\_\_\_\_, hereby request the School Nurse to administer the above procedure according to the Physician’s instructions. I agree to provide all equipment, supplies, or other items necessary for the administration of the procedure and to replenish supplies when necessary.

**I agree to notify the School Nurse immediately if there is any change in my child’s health status or in the Physician’s orders.**

I give consent for my student to self-administer the above procedure, according to the Physician’s instruction. I agree to notify the School Nurse if monitoring is necessary. I agree to provide all equipment, supplies, or other items necessary for the administration of the procedure and to replenish supplies when necessary.

**I agree to notify the School Nurse immediately if there is any change in my child’s health status or in the Physician’s orders.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Today’s Date** \_\_\_\_\_

*Reviewed by:* \_\_\_\_\_ *RN* *Date:* \_\_\_\_\_  
 (School Nurse)