



Clarksville-Montgomery County School System  
HEALTH SERVICES

PHYSICIAN'S ORDERS FOR CATHETERIZATION

School year 20\_\_ - 20\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Catheterization:

\_\_\_\_\_ Clean Self Catheterization (procedure by student with assistance)

\_\_\_\_\_ Clean Intermittent Catheterization (procedure by RN/LPN)

Procedure:

\_\_\_\_\_ Catheter size and type

\_\_\_\_\_

\_\_\_\_\_ Frequency

\_\_\_\_\_

\_\_\_\_\_ Indications for Use/Symptoms

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Additional orders/recommendations for care of student while at school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's phone number \_\_\_\_\_ Fax \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION FOR RELEASE OF INFORMATION**

\_\_\_\_\_ Release/obtain medical information to/from Clarksville/Montgomery County School System. Information will be used to develop an Individual Health Care Plan, as well as to facilitate continuity of treatment for the student. All information obtained will remain confidential. This release is valid for one school year and that school year is listed above.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_