



Clarksville-Montgomery County School System

HEALTH SERVICES

PHYSICIAN'S ORDERS FOR OXYGEN ADMINISTRATION

School year 20__ - 20__

Student _____ School _____ Teacher _____

Diagnosis _____ Date _____

Oxygen to be delivered:

_____ Method of administration

_____ Face mask

_____ Nasal cannula

_____ Amount

_____ Liters _____

_____ Duration _____

_____ 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 / AUTHORIZATION FOR RELEASE OF INFORMATION

****Parents are required to provide all necessary equipment to the school nurse prior to the procedure being performed.****

I agree to the release/obtaining of 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 _____