



Central Kitsap School District
 Health Services
 PO Box 8, Silverdale, WA 98383
 360-662-1070 / Fax 1-360-633-1688

Provider Order for Oxygen at School

Student Name _____ DOB _____

School _____ Grade _____ School Year _____

TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER WITH PRESCRIPTIVE AUTHORITY

Diagnosis _____

Indication for oxygen _____

Oxygen use: intermittent continuous Level of oxygen flow _____ liters

Frequency/times to be administered:

When (specific) _____

For how long _____

Equipment needed (to be provided by parent/guardian):

- | | |
|--|---|
| <input type="checkbox"/> portable oxygen tank | <input type="checkbox"/> reservoir bag |
| <input type="checkbox"/> oxygen tubing/oxygen source | <input type="checkbox"/> oxygen administration device |
| <input type="checkbox"/> portable suction machine | <input type="checkbox"/> dolly or stand |
| <input type="checkbox"/> humidification device | <input type="checkbox"/> mask |
| <input type="checkbox"/> cannula | <input type="checkbox"/> nasal cannula |
| <input type="checkbox"/> tubing | <input type="checkbox"/> other _____ |

Transportation procedures _____

Other instructions _____

Duration of order is for current school year unless otherwise noted _____

Provider's Signature _____ Date _____

Printed Name _____ Phone _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

As the parent/legal guardian of this child, I request this treatment be provided as written and I understand that:

- This treatment will not begin until adequate training of qualified staff is completed.
- I must provide all necessary supplies and equipment to perform this service.
- I must notify the school about any changes or cancellations.
- Any supplies left at school after the end of the school year will be discarded.
- The school accepts no liability for untoward reactions when the treatment is administered in accordance with directions.
- My signature allows the school nurse to discuss this medical condition/order with the provider.

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____ Phone _____