



**Maplewood Clinic  
Authorization for Treatment 2024-2025**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

Maplewood Clinic has contracted with Summa Health System to provide a Nurse Practitioner at the Clinic during the 2024-2025 school year. I authorize the Nurse Practitioner to provide a general health screening, history and physical, evaluation for minor injury and first aid care, or problem-based care to the above-named student during the 2024-2025 school year.

If indicated, I authorize the Nurse Practitioner or other appropriate staff to perform:

- Urine dip stick to test for urinary tract infection
- Throat culture for Strep

I will notify the school or Maplewood Clinic immediately if there is any change in this authorization.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Cell phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date