



Request for Specialized Health Care Services

Dear Physician:

Your patient, _____ D.O.B: _____
is attending: _____

The parents are requesting that specific health care procedures be provided while the student is at school. We are requesting your assistance in identifying the health information and services that need to be provided in the school setting. Members of the school team include the parent, program supervisor, teacher, classroom assistant and other school personnel with direct responsibility for the educational care of the student. We look forward to working with you to provide an optimal educational experience in a safe environment for your patient.

Procedure:

- _____ I have reviewed and approved the attached procedure as written.
- _____ I have reviewed and approved the attached procedure with written modification.
- _____ I do not approve of the school's procedure and, therefore, have attached my alternate written procedure.

Other recommendations (please include time, schedule, duration of treatment, any special precautions or possible reactions, and interventions):

Physician's Name: _____ Date: _____

Physician's Signature: _____

Address: _____

Telephone: _____

Parent/Guardian Section

We (I) the undersigned, who are the parents/guardians of the above-named student, request that the specialized health care service outlined above and prescribed by the physician be provided to our child. We (I) authorize the school to appoint a qualified R.N. or L.P.N. to perform and/or R.N. to train and supervise the school team to perform the above prescribed treatment as directed by the physician. It is our understanding that in performing this service, the designated person(s) will be using a procedure, which has been approved by our physician. We (I) agree to notify school personnel immediately if there is any change in either the child's treatment regimen or the authorization physician. By signing this we (I) also agree to hold the school district and any district employee immune from any civil action.

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____