Office of the School Nurse

PARENTS REQUEST FOR SPECIALIZED HEALTH CARE PROCEDURE

We/I, the undersigned parents/guardians of _____,

request that the following specialized physical health care service be administered to our child.
_____
_____
(Name/type of service)

It is our understanding that the service will be administered using a standardized procedure.

We/I will notify the school immediately if the health status of our/my child changes, if we change physicians or if the procedure is changed/canceled.

_____
Signature of Parent/Guardian Date

Parent daytime phone numbers:

Sponsor: _____

Spouse: _____

Home: _____

Cell: _____

Cell: _____

PHYSICIAN AUTHORIZATION FOR SPECIALIZED HEALTH CARE PROCEDURE

Name:_____Date of Birth:_____

1. Physical condition for which the standardized procedure is to be performed:

_____

2. Name of standardized procedure:_____

3. Individualized instructions:

_____
_____
_____
_____

4. Precaution, possible untoward reactions and interventions:

_____

5. Time schedule and/or indication for the procedure:

_____

6. The procedure is to continued until: _____

_____ _____
Signature/Stamp of Physician Date