

Physician's Request For Specialized Health Care Procedure/Treatment

Whenever possible, it is desirable for treatments and procedures to be scheduled at times other than school hours. However, individual needs will be taken into consideration.

Protocol for procedures/treatments include the following:

1. Written and signed physician's orders stating details of treatment needed during school hours.
2. Written parental consent requesting that the school comply with the physician's order.
3. Provision of necessary supplies and equipment by parent/guardian to the school nurse for performance of the treatment/procedure.
4. Conference time, as necessary, to address individual student's needs, parent concerns, and an agreeable plan of treatment.

PHYSICIAN, please complete and sign this form.

Student's Name _____ Diagnosis _____
 Procedure/Treatment _____
 Time/Duration _____ Frequency _____
 Specific Directions _____

 Duration of Order _____ Other Comments _____

(Date) (Physician's Signature, Printed) (Phone Number)

PARENT/GUARDIAN, please complete the following:

I request that the school provide the above treatment/procedure as ordered by the physician. I will notify the school immediately if my child's health status changes, the physician changes, or there is a change/cancellation of the procedure.

(Date) (Parent/Guardian Signature) (Phone Number)

I give permission for the school nurse to contact the prescribing physician and/or that office regarding this treatment for my child.

(Date) (Parent/Guardian Signature)