

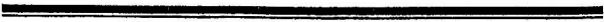
**Parent/Guardian/Relative Caregiver's Request Form
for School to Provide
Specialized Nursing Treatment or Procedure**

Permission and directions should be renewed at the start of each school year.

Child's Name _____ Phone No. _____

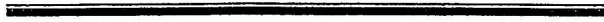
Licensed Healthcare Provider's Name _____ Phone No. _____

Address _____



I (We) request the following health care procedure to be done:

This procedure has been approved by the child's licensed healthcare provider, (Provider's Name) _____.* I (We) will notify the school immediately if there is a change in licensed healthcare provider, health status of child (Child's Name) _____, or change in procedures.



I understand the school nurse may need to speak with the prescribing healthcare provider. I grant permission for the sharing of information relative to my child's procedure and the related diagnosis.

Signature of Parent/guardian/Relative Caregiver(s) _____

Address _____

Home Phone _____ Work Phone _____

Attach document to this effect.

Date _____

Licensed Health Care Provider's Approval of Procedure

The licensed healthcare provider will approve or authorize the procedure that is to be used in the school. The authorization will include the following information:

Name of Child _____ Birth Date _____

Physical condition for which procedure is authorized _____

Name of procedure to be performed _____

Precautions, possible untoward reactions, and interventions _____

Time schedule and/or indication for the procedure _____

Licensed Healthcare Provider's Signature _____

Address _____

Phone Number _____ Date _____