

PHYSICIAN'S ORDERS AND REQUEST FOR SPECIALIZED HEALTH CARE PROCEDURE AT PROGRAM / SCHOOL

This form may be used as a guide for obtaining written orders from your child's physician. It is important to remember that physician's orders are necessary if:

- *your child needs assistance with performing a health care procedure
- *your child needs school personnel to perform a health care procedure

If applicable, it is also recommended that you provide the school with written authorization for your child to perform a health care procedure without assistance.

This form is only a request. Health school services usually have to be an IEP (M-team) meeting decision. For certain services, a child's insurance carrier provides services at child's school.

Each medicine or procedure requires a separate form.

Child's name: _____ Date of birth: _____

Program / school: _____

Program / school address: _____

Recommended Health Care Procedure to be Administered to Child: _____

Person responsible for performing procedure / assisting: _____

Date(s) and duration of procedure: _____

Other recommendations: _____

Physician name: _____ Phone: _____

Physician's address: _____

Physician's signature: _____ Date: _____

I understand that a qualified designated person(s) will be administering the above-mentioned health care services. It is my understanding that the following person(s) will be administering these health care services to my child using standardized procedures that have been approved by our physician. I will notify the program / school immediately if the health status of my child changes, if there is a change in the procedure, and/or if the procedure(s) are canceled.

Parent / guardian's signature: _____ Date: _____