FALL RIVER PUBLIC SCHOOLS

STUDENT HEALTH SERVICES

Dear Parent/Guardian,

We would like to inform you of the policies that have been put in place to ensure the health and safety of children needing any medical procedure during the school day.

Our school district requires that a **Specialized Health Care Procedure** form be on file in your child's health record before we can provide the necessary services. Parents are asked to complete and sign the Parent/Guardian authorization side of the form and have the child's physician complete and sign the Licensed Provider Order side of the form.

Please return the completed forms to your child's school nurse.

All orders must be renewed as needed and at the beginning of each academic year.

Thank you for your cooperation.

FALL RIVER PUBLIC SCHOOLS

STUDENT HEALTH SERVICES

PARENT/GUARDIAN AUTHORIZATION FOR SPECIALIZED HEALTH CARE PROCEDURE

Student's Name_____Date of Birth_____

Parent/Guardian Name (print) _____

Phone Numbers: Home_____ Work_____

Person to be notified in case of emergency:

_____Phone_____

Name Relationship

My son/daughter is currently receiving the following SPECIALIZED HEALTH CARE PROCEDURE (to be completed not in validation of confidentiality)

_____

_____

My son/daughter is currently taking the following medications

_____

My son/daughter has the following drug or food allergies

_____

I consent to have the school nurse or school personnel designated by the school nurse, administer the SPECIALIZED HEALTH CARE PROCEDURE by

_____

Physician's Name

I give permission to the school nurse to share information relevant to the prescribed PROCEDURE as determined appropriate for my son's/daughter's health and safety.

Parent/Guardian Signature_____Date_____

FALL RIVER PUBLIC SCHOOLS

STUDENT HEALTH SERVICES

LICENSED PROVIDER'S ORDER FOR SPECIALIZED HEALTH CARE PROCEDURE

Student's Name_____Date of Birth_____

Address _____

Procedure_____

_____

_____

_____

Goal of Procedure_____

Duration of Procedure_____

Date

Physician's Signature_____Date_____

Address_____

_____Phone_____