

School _____ School Year _____ Fax _____

Student Name _____ DOB _____

*This form **must be renewed annually**, and if there are any changes in treatment during the school year.*

Physician

Name/Description of Specialized Health Care Procedure: _____

Time(s) to be performed at school: _____ Daily PRN If PRN, frequency: _____

If PRN, for what symptoms: _____

Procedure shall be administered from: _____ to _____ or Remainder of school year

Precautions, potential complications & needed actions: _____

My signature below provides authorization for the above orders. All procedures will be implemented in accordance with states laws and regulations. Specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. If changes are indicated, I will provide new written authorization.

Physician Signature

Date

Phone

Fax

Clinic Stamp

Parent/Guardian

I request that the specialized health care service be administered to my child at school according to instruction from the above health care provider. I authorize school personnel to assist with this specialized health care procedure for my child as ordered from the above health care provider. I understand trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480).

I give consent to communication and exchange of information between PAUSD and the health care provider listed above regarding the health care providers written statement or any other questions about the medication or medication administration.

I understand and agree to the following responsibilities regarding specialized health care procedures:

1. Parents will provide the necessary supplies and equipment.
2. Parents will notify the school and provide new consent for any changes to the above authorization.
3. Any modifications or changes to the above authorizations may only be made after written notification is received from the health care provider.

Parent Signature

Phone

Date



Health Services
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